

Name
in
Full

CERTIFICATE OF DEATH

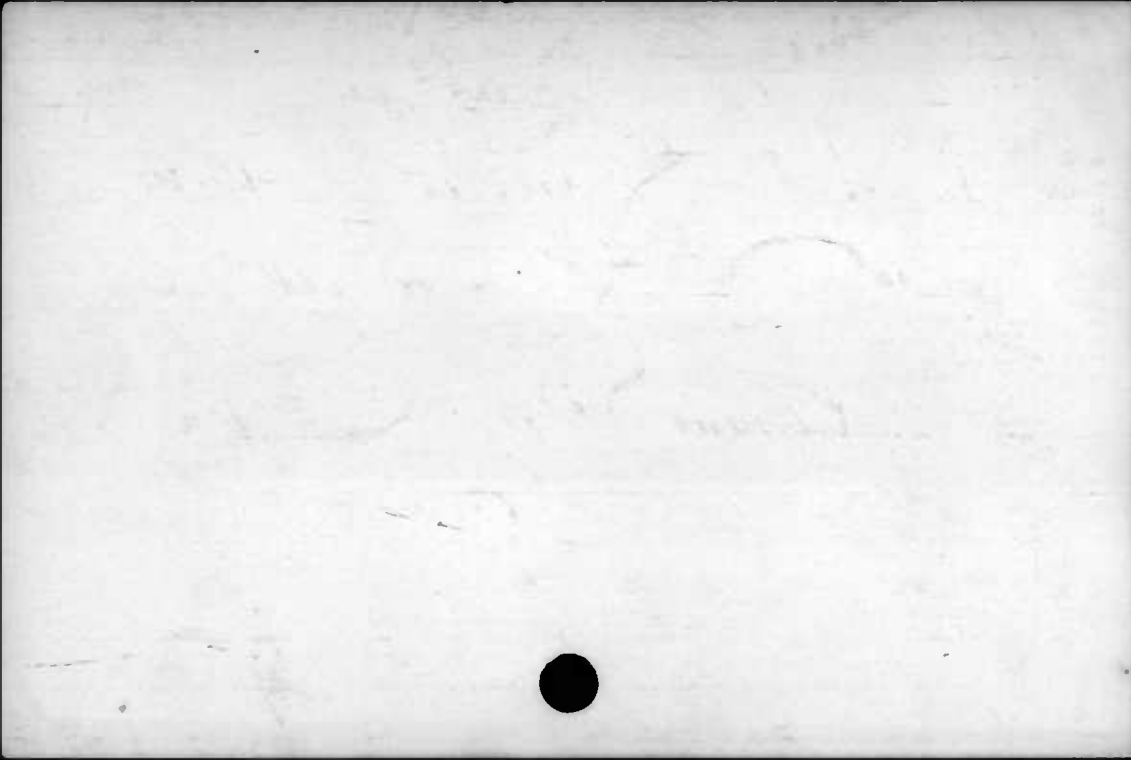
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnes</i>		Town <i>allan</i>		County		MARYLAND	
Date of death	1905	Month	July	Day	15	Age	67
Sex	Female	Color or Race	White	Birthplace	W Va	Months	—
Occupation	Wife	Where Residing if not at place of death —					
Married, Single or Widowed	Married	Name of Wife Husband <i>Edmund Allen</i>					
Father's Name	—					Father's Birthplace	
Mother's Maiden Name	—					Mother's Birthplace	
Name of person giving information	<i>Edmund Allen</i>					How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	2
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Dr W. W. Wiley</i>	
		Address	
		<i>Sp. H. Maryland Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Charles</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>2</u>	Day <u>4</u>	Age <u>1</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Charles</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>John Brimbow</u>			Father's Birthplace <u>Shaff</u>		
Mother's Maiden Name <u>Mary Ann Mayma</u>			Mother's Birthplace <u>Whaler</u>		
Name of person giving information <u>Mr. John David</u>			How related to deceased <u>no</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	How long <u>2 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Middlestown Md</u>
Accident or Suicide?	

G. H. M.

Name
in
Full

CERTIFICATE OF DEATH

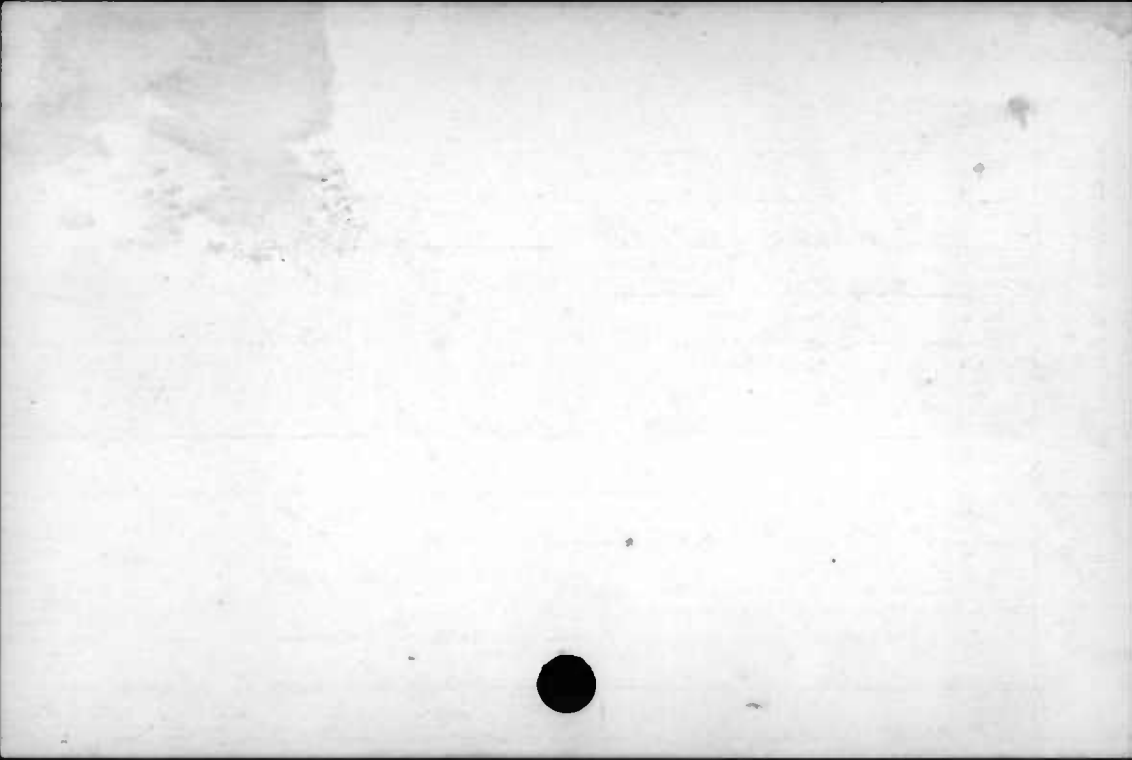
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Luther Brant</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Feb</i>		Day <i>6</i>		Age <i>14</i>	
Date of death <i>1905</i>		Years <i>14</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>			
Occupation <i>Employee Service</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Undertaker</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed in Elevator</i>		How long <i>Immediate</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Humbert D.P.</i>	
		Address <i>Adrian Corner</i>	
Accident <i>—</i>			



Name

in
Full

Chas. Broadrup

CERTIFICATE OF DEATH

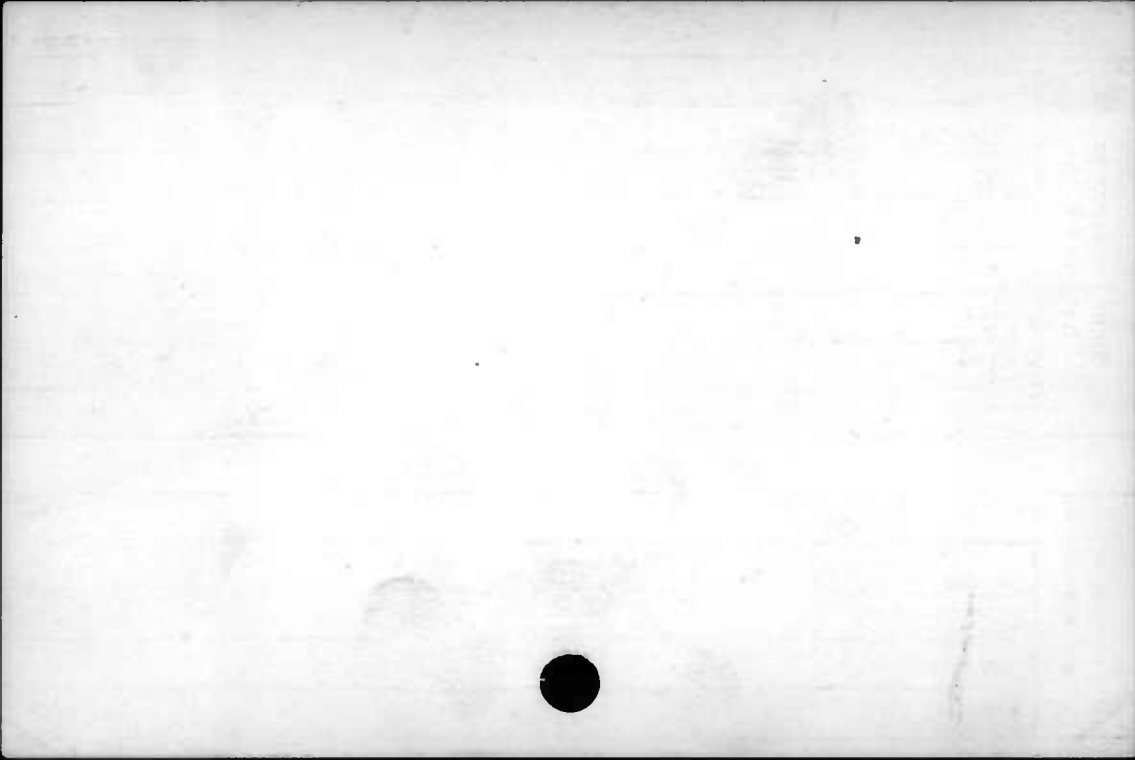
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Timberland, Md.</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	2	24	33		
Sex <i>Male</i>	Color or Race			Birthplace	
Occupation <i>Brickman on BOO</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucy</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Brother Dr Broadrup</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>66</i>	How long
Immediate <i>Killed by Car B.E.G.</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E. O'Hiel</i>	
	Address <i>Timberland of Md</i>	
Accident or Suicide?	<i>✓</i>	



Name
in
Full

Ora Broadwater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Smearing* TownCounty *Allegany*Date of death *1905 Feb.* MonthDay *21*Age *38* YearMonths *7*Days *9*Sex *Female*Color or Race *White*Birth-place *Smearing*Occupation *Housewife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *James H. R. Broadwater*Father's Name *Charles Ross*Father's Birthplace *Scotland*Mother's Maiden Name *Janet Stevenson*Mother's Birthplace *Scotland*Name of person giving information *J. H. R. Broadwater*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Hemorrhage from bowels*How long *10 years*Immediate *Anaemia*How long *2 months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *James C. Bullock*Address *James C. Bullock*Accident or Suicide? *no**Smearing Maryland*PHYSICIAN
OR CORONER



Name
in
Full

Edward Patrick Cunningham

CERTIFICATE OF DEATH

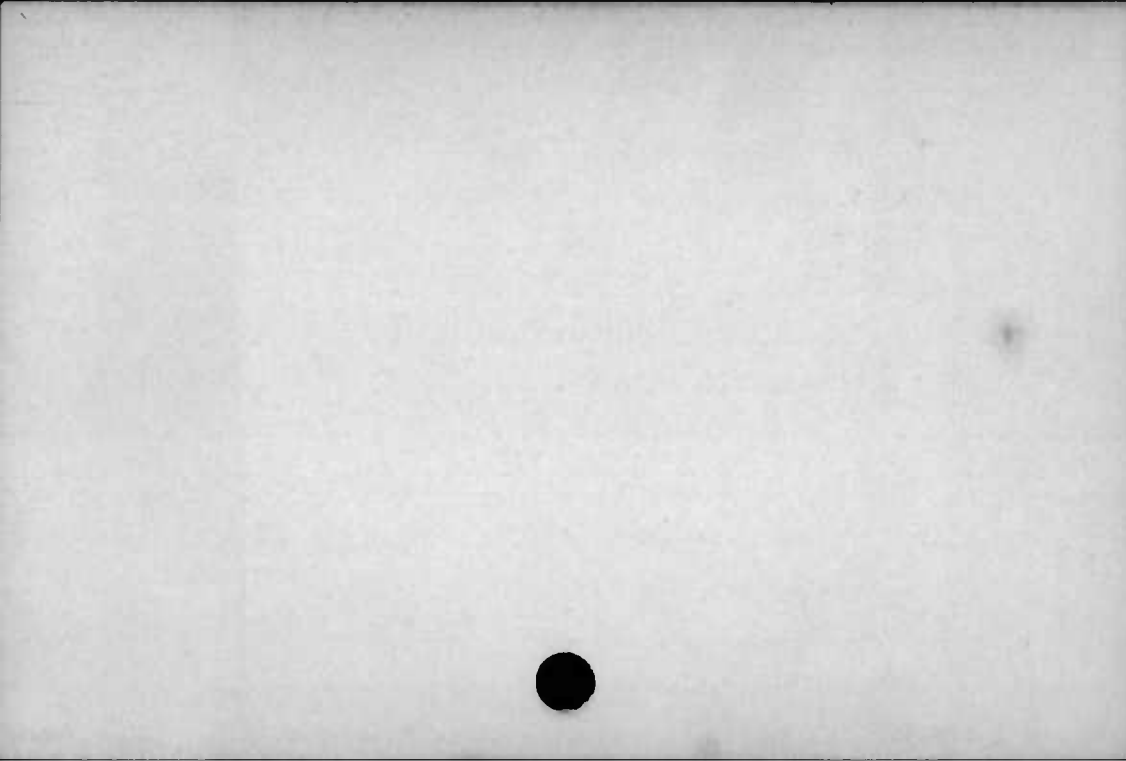
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1905	Month Feb.	Day Fourth	Age Five	Months Five	Days 20	
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death		Cumberland	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel A. Cunningham					Father's Birthplace	Maryland
Mother's Maiden Name	Flora Evans					Mother's Birthplace	Maryland
Name of person giving information	Samuel A. Cunningham					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia		How long	Five days
Immediate	Asphyxia		How long	Six hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. H. Hodges M.D.
			Address	Cumberland, Md.
Accident or Suicide?				



Name
in
Full

Vincent Patrick Danahy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smacoring</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death	1905	Month	Feb	Day	7
Age	Years		1	Months	6
				Days	19
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Smacoring</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John Danahy</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Hylen Ricker</i>			Mother's Birthplace	<i>Smacoring</i>
Name of person giving information	<i>John Danahy</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Labors Mesenterica</i>	How long	<i>2 months ill</i>
Immediate	<i>Inanition</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James O. Bullock</i>
		Address	<i>Smacoring Maryland</i>
Accident or Suicide?	<i>No</i>		



Name
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Full

George Davis

CERTIFICATE OF DEATH

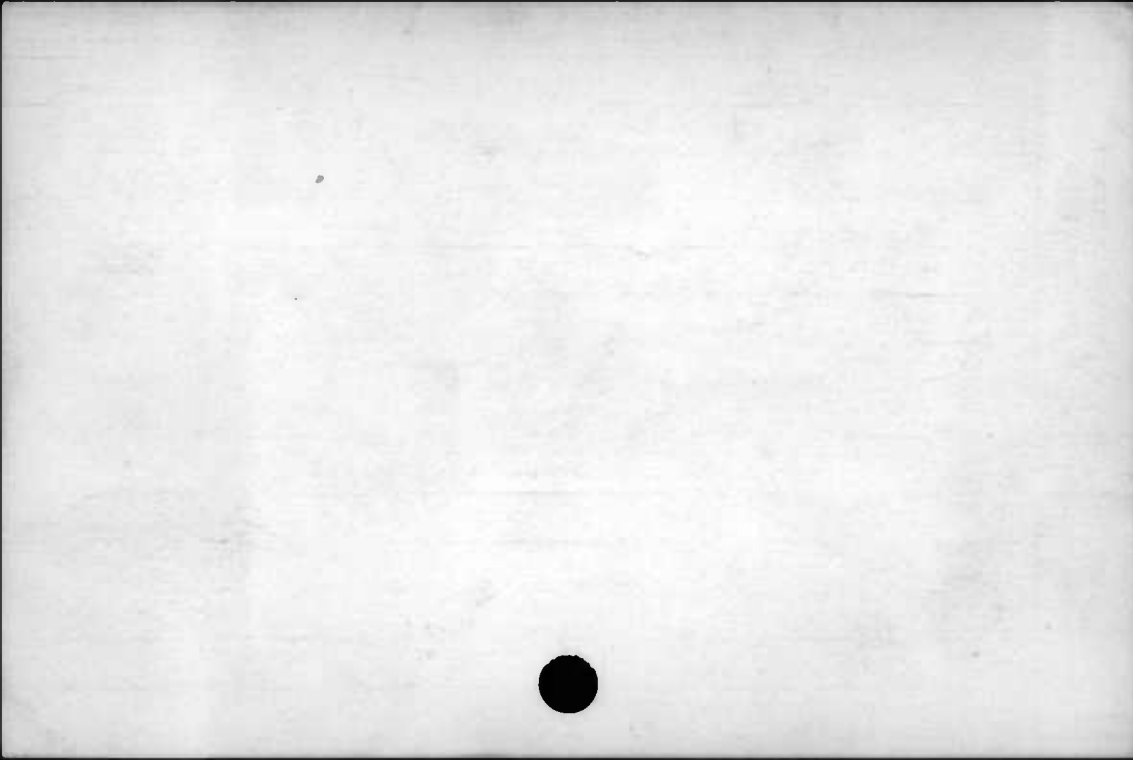
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Essex, Maryland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1905	Month	July	Day	5
Age		Years	35	Months	—
Sex	Male	Color or Race	Colored	Birth-place	Bunt's
Occupation		Where Residing if not at place of death			
Driver		—			
Married, Single or Widowed	Widower	Name of Wife or Husband			
—		—			
Father's Name		—		Father's Birthplace	
Mother's Maiden Name		Eliza Davis		Mother's Birthplace	
—		—		—	
Name of person giving information		Rose Davis		How related to deceased	
—		—		Sister	

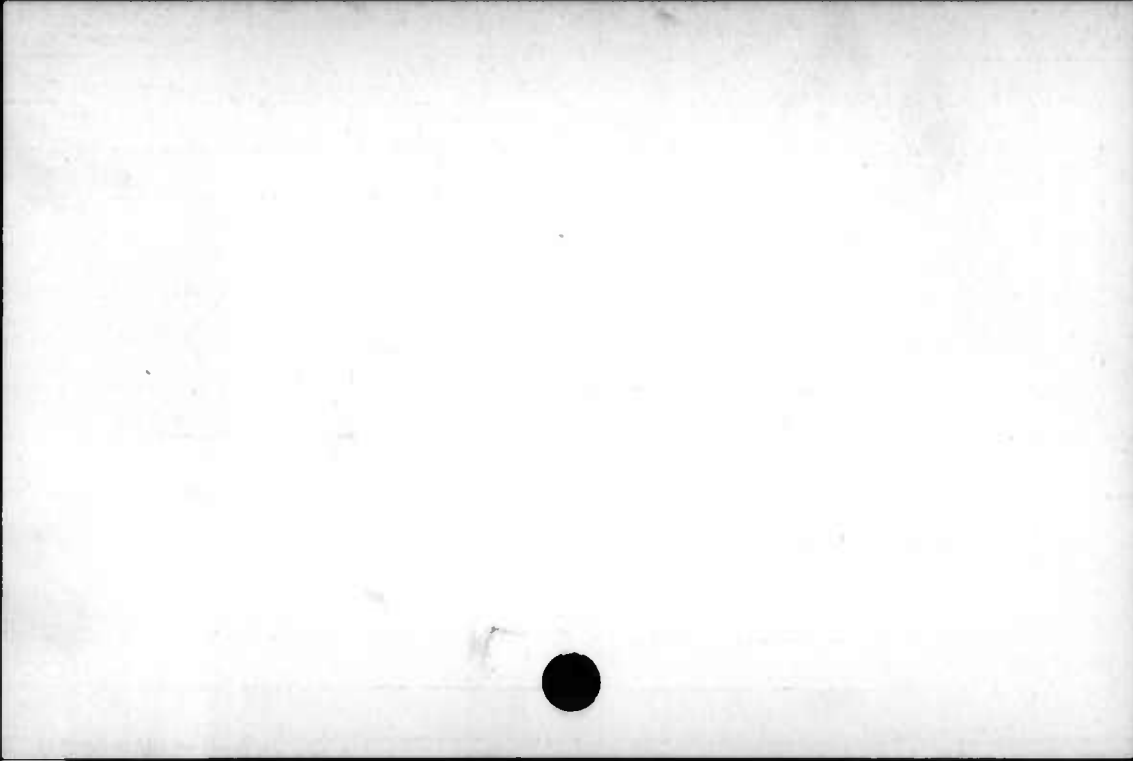
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Natural Causes.	179
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Found dead	Arthur Dawson, Jr.
Address	Acting as Coroner
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Barton</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>	
		Date of death 190 <u>5</u> <small>Month</small> <u>Feb</u> <small>Day</small> <u>17</u>		Age <u>52</u> <small>Years</small> <u>11</u> <small>Months</small> <u>27</u> <small>Days</small>	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>England</u>	
		Married, Single or Widowed <u>Married</u>	Occupation <u>Mines</u>		
		Name of Wife or Husband <u>Phoebe Wilks</u>			
		Father's Name <u>John Davis</u>	Father's Birthplace <u>England</u>		
		Mother's Maiden Name <u>Mary Ann Jenkins</u>	Mother's Birthplace <u>England</u>		
Name of person giving information <u>Annie Preston</u>		How related to deceased <u>Cousin</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Consumption</u>		How long <u>6 months</u>	
		Immediate <u>—</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. A. Boncher</u>	
				Address <u>Barton, Pa.</u>	
		Accident or Suicide? <u>—</u>			



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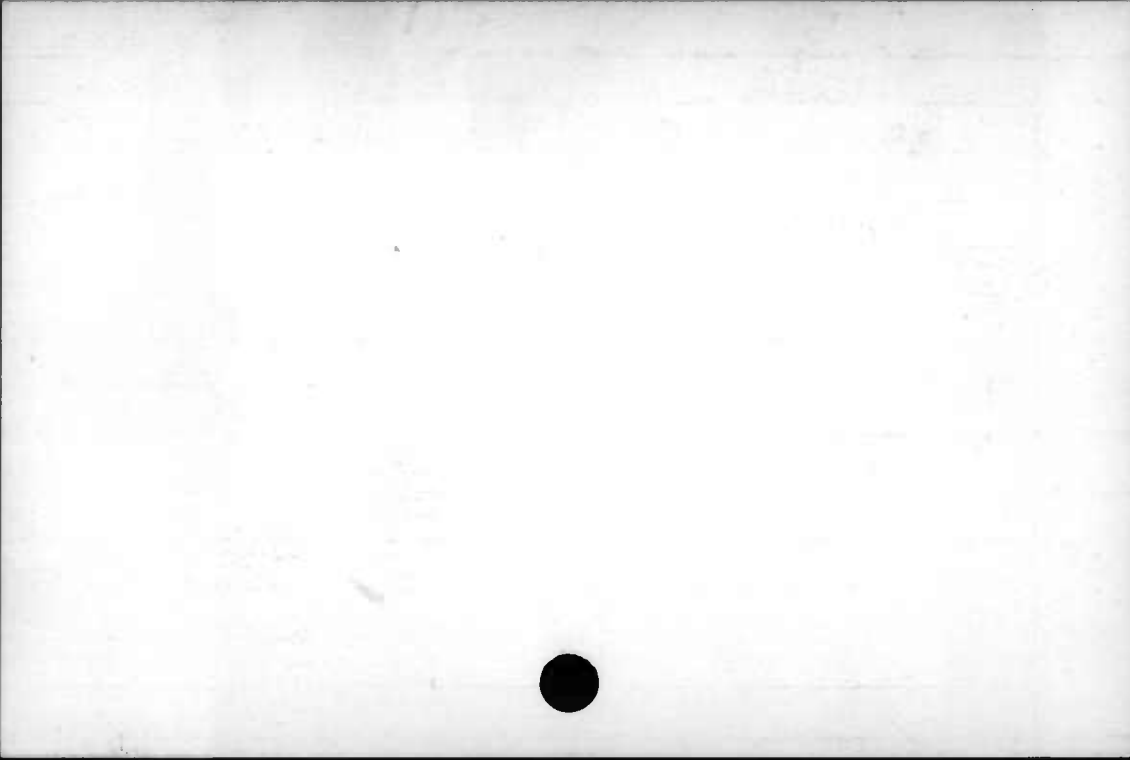
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princeton</u> ^{Town}		<u>Princeton</u> ^{County}		MARYLAND	
Date of death	190 <u>5</u>	Month	<u>2</u>	Day	<u>28</u>
Age		Years	<u>28</u>	Months	<u>10</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Princeton, N.J.</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Josephine Edmundson</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>
	Town <i>Frothingham</i>		Years <i>11</i>		Months <i>11</i>
	Date of death <i>1905- Feb. 9</i>		Age <i>11</i>		Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Frothingham</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
PHYSICIAN OR CORONER	Father's Name <i>Enoch Edmundson</i>		Father's Birthplace <i>U. S. A.</i>		
	Mother's Maiden Name <i>Filena B. Williams</i>		Mother's Birthplace <i>Frothingham</i>		
	Name of person giving information <i>Joseph Williams</i>		How related to deceased <i>Grand-father</i>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <i>Bronchitis</i>		How long <i>1 week</i>		
	Immediate <i>Congestion of the lungs</i>		How long <i>2 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Coker</i>		
	Address <i>Frothingham, Md.</i>		Address <i>—</i>		
	Accident or Suicide? <i>No</i>		Address <i>—</i>		

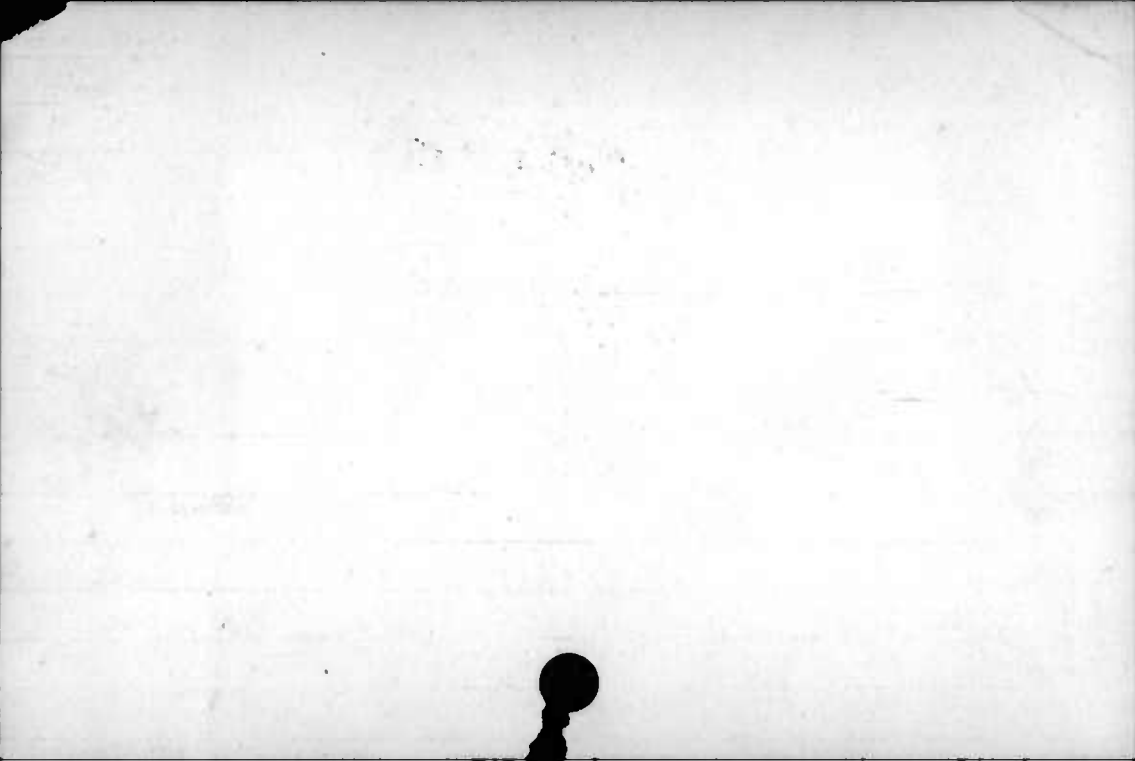
G. P. M.
atly.

Name in Full		Eisel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Age	Months		Days
	1905		2	16		7		
	Sex		Color or Race		Birth-place			
	Female		Caucasian		Fbg. Ind.			
	Occupation		Where Residing if not at place of death					
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		184. Eisel		Father's Birthplace		Fbg. Ind.	
	Mother's Maiden Name		Cassady		Mother's Birthplace		Frostburg, Ind.	
	Name of person giving information		Mrs. Cassady		How related to deceased		Grand mother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Cerebral Prolapses			How long		36 hours
	Immediate		"			How long		"
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
				Address				
				Frostburg Ind.				
Accident or Suicide?								

Y r m

Alleg. Com.

Name in Full		Mrs Ann Farrell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	Months
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information		Frank Larkin		How related to deceased		
				Grand-Son				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Bronchitis		How long		
				90		✓		
		Immediate		✓		How long		
				✓		✓		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
						Address		
						Mt Savage		
		Have not Attended Mr. [redacted]		for 6 or 8 months		M.D.		
		Accident or Suicide?						



Name
in
Full

Margaret Fitzpatrick

CERTIFICATE OF DEATH

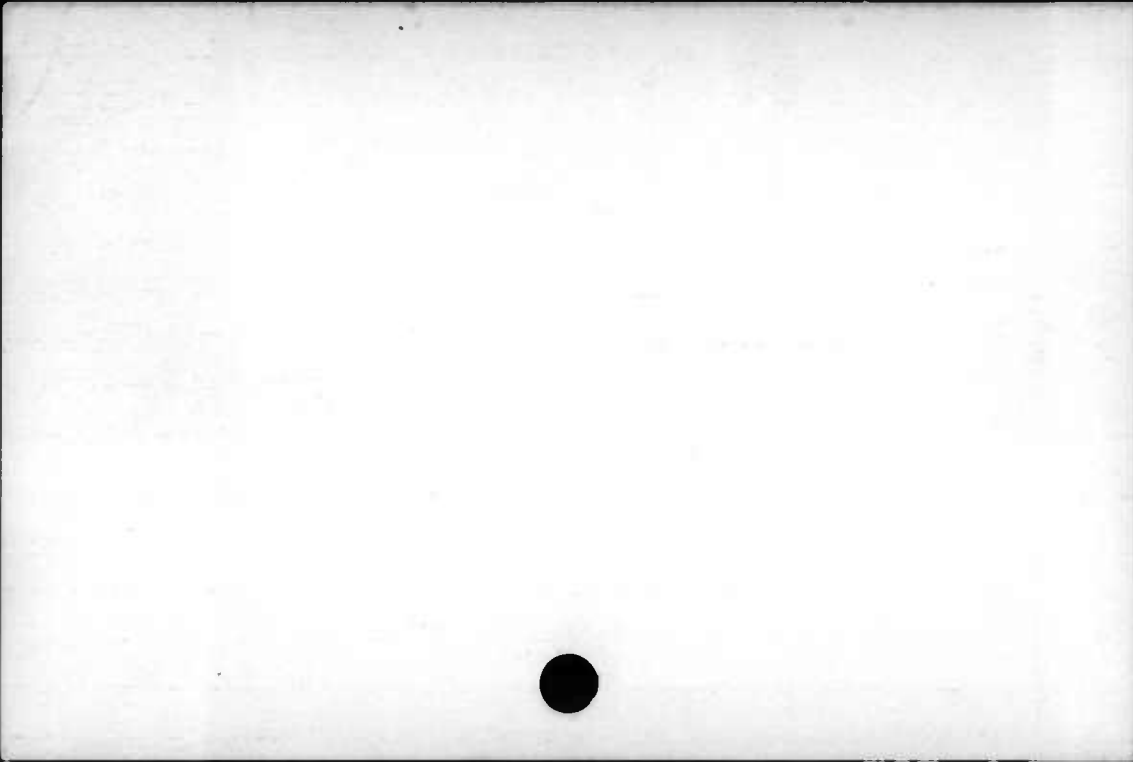
Died at *Sond* TownCounty *Allegheny*

MARYLAND

Date of death *1905* Month *Feb*Day *3*Age Years *3*Months *9*Days *20*Sex *Female*Color or Race *White*Birthplace *Sond Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Thomas Fitzpatrick*Father's Birthplace *Virginia*Mother's Maiden Name *Rose Cunningham*Mother's Birthplace *Scotland*Name of person giving information *Thos. Fitzpatrick*How related to deceased *Father*

CAUSES OF DEATH

Primary *Scarlet Fever*How long *8 days*Immediate *Scarletina Anginosa*How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *James L. Bullock**Emerson*Address *Maryland*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

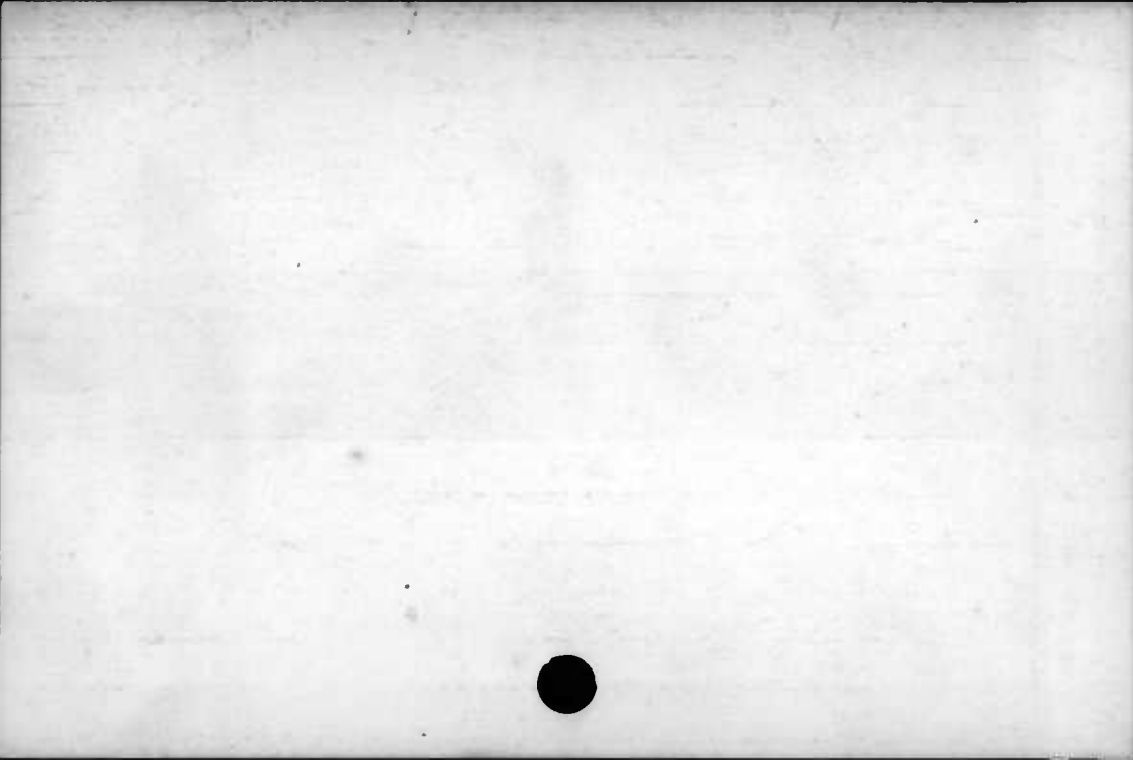
TO BE ANSWERED BY
NEAREST FRIEND

Jeremiah Gardner		Town		County		MARYLAND	
Died at <i>Edenlie</i>				<i>allcy</i>			
Date of death	1905	Month	<i>Feb</i>	Day	<i>6</i>	Age	<i>58</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months <i>-</i> Days <i>-</i>	
Occupation <i>R.R. Engineer</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Dr. Dorothea Gardner</i>					
Father's Name <i>-</i>						Father's Birthplace	
Mother's Maiden Name <i>-</i>						Mother's Birthplace	
Name of person giving information						How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>apoplexia</i>		<i>64</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Dr. J. L. Smith</i>	
		<i>Edenlie</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

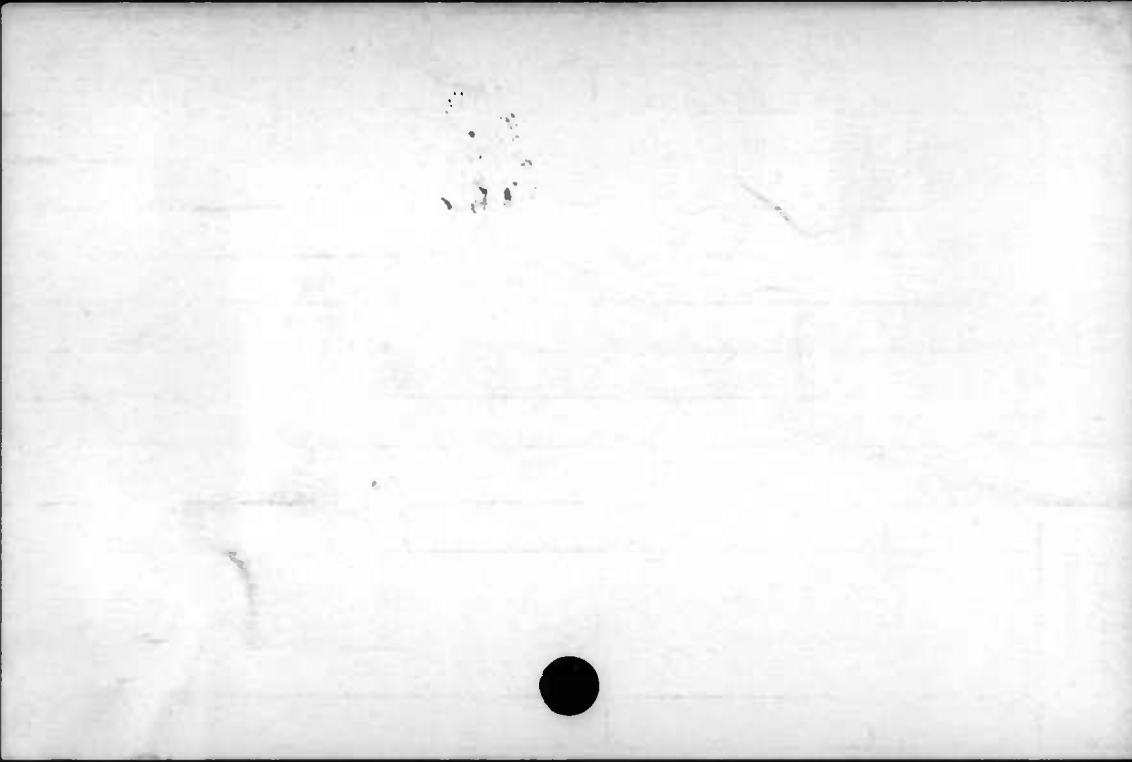
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Morgan Graham</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Feb</i>	Day <i>24</i>	Age	Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wd Savage</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>James Graham</i>			Father's Birthplace <i>Wd Savage</i>		
Mother's Maiden Name <i>Elizabeth Morgan</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Gas Graham</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>South Pneumonia</i>	How long <i>93</i>	How long <i>2 days</i>
Immediate <i>Asphyxia</i>	How long <i>a few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alan E. Murray</i>	Address <i>Wd Savage Md</i>
Accident or Suicide?		



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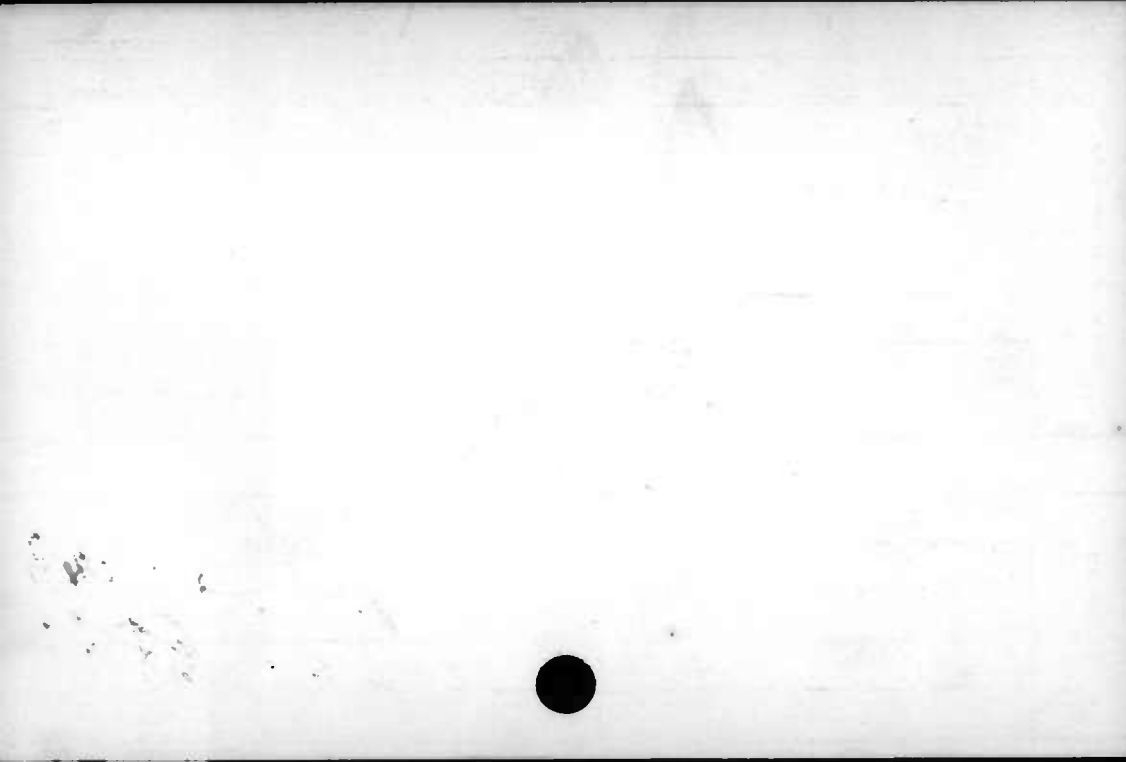
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camden</u> Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	2	28	Age	<u>21</u>	
Sex	Color or Race		Birthplace		
Male					
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
<u>G. J. D.</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<u>Killed on B. & O.</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<u>Dr. E. W. Keel</u>
	Address
	<u>Camden, Md.</u>
Accident or Suicide?	



Name
in
Full

Arthur Harper

CERTIFICATE OF DEATH

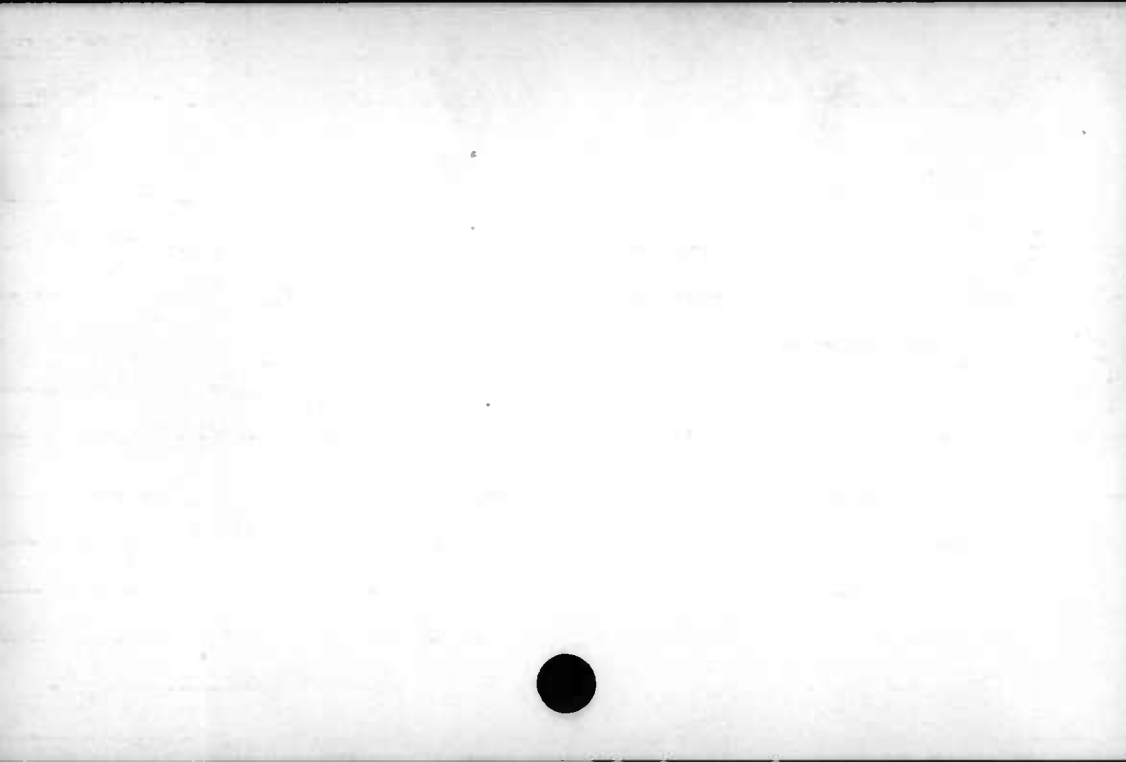
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gilmore</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Gilmore</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Harper</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Agnes Rae</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>William Harper</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>151</i> ✓	How long <i>12 days</i>
Immediate <i>Starvation</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>	
	Address <i>Syracuse, N.Y.</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Robert H. Harry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Shaff</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>			
Date of death	<i>1905</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>14</i> <small>Year</small>	Age <i>59</i>	Months <i>3</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>David Agrishin & Scotland</i>		
Occupation <i>No Occupation</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Gibson</i>				
Father's Name <i>Robert Harry</i>	Father's Birthplace <i>Agrishin Scotland</i>				
Mother's Maiden Name <i>Agnes Leiper</i>	Mother's Birthplace <i>Agrishin Scotland</i>				
Name of person giving Information <i>Mary Gibson Harry</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pleurisy</i>	How long <i>Three weeks</i>
Immediate <i>Heart Failure</i>	How long <i>See immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. L. Clymer</i>
	Address <i>Midlothian Ind.</i>
Accident or Suicide?	

Is in

Allegany County

Name
in
Full

C. C. Hedges

5-2-I

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

1905

Month

2

Day

4

Age

Years

65

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Helen Luman

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia
Exhaustion

How long

93

7 weeks

How long

Immediate

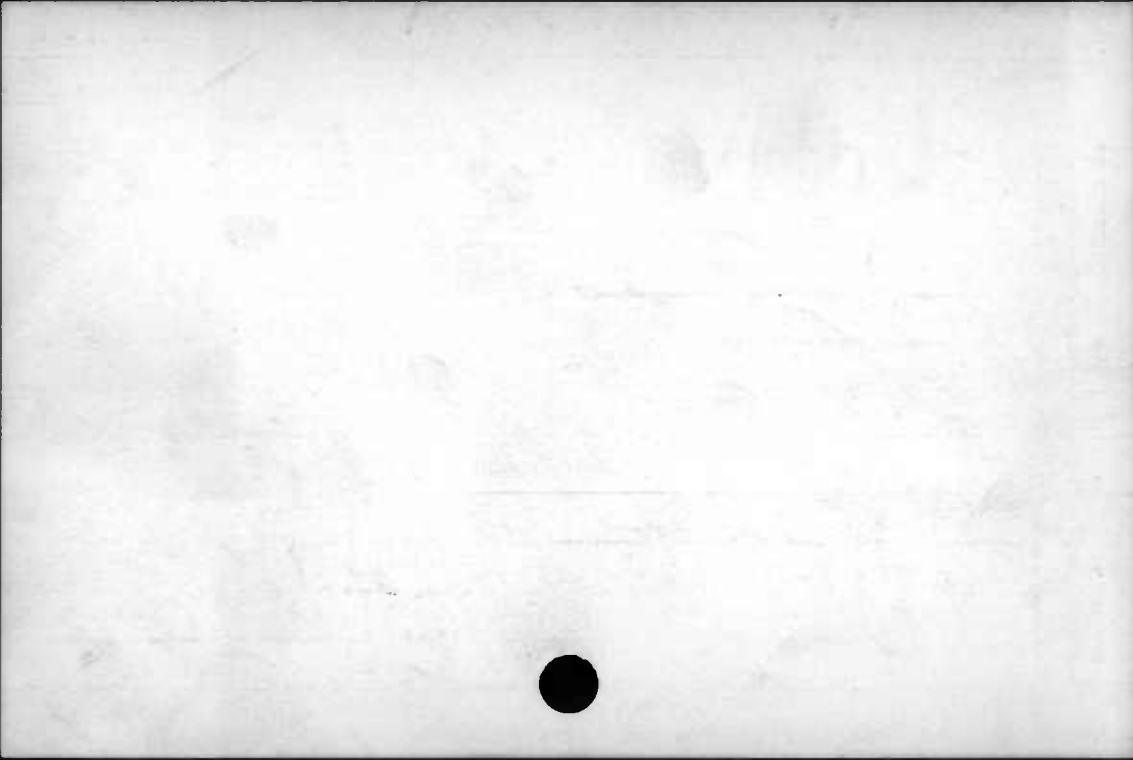
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

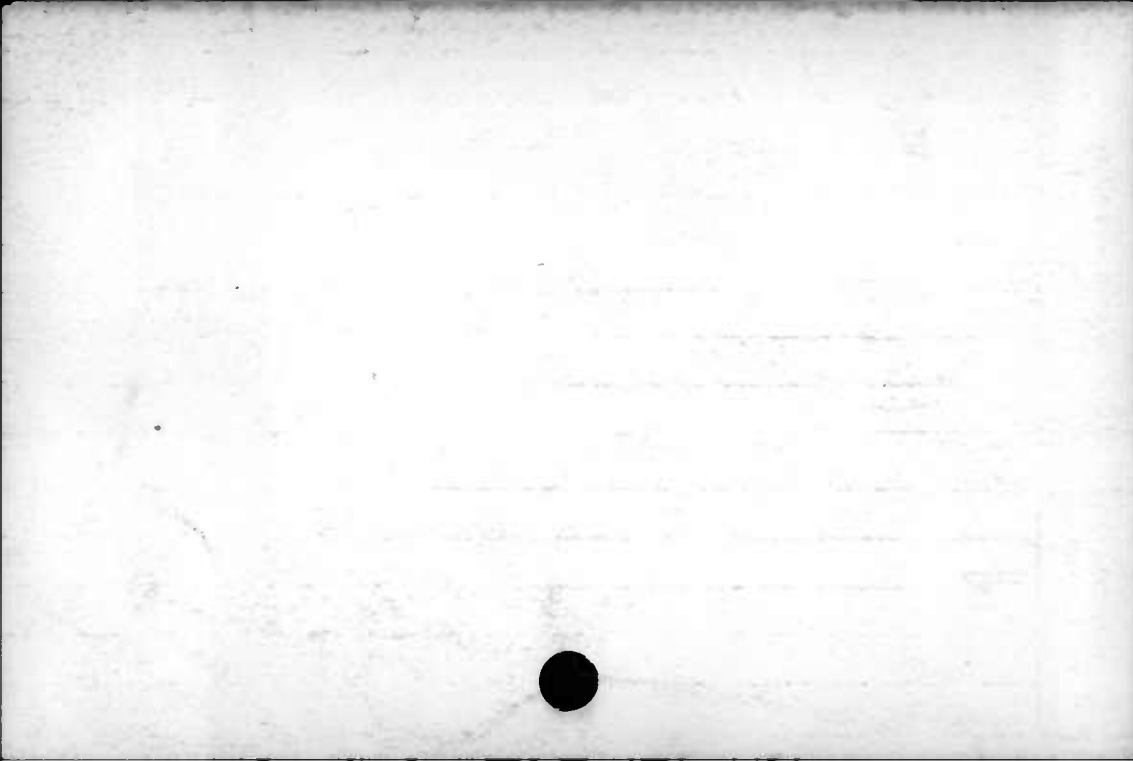
James J. Johnson, M.D.
Cumberland, Md.

Accident or Suicide?

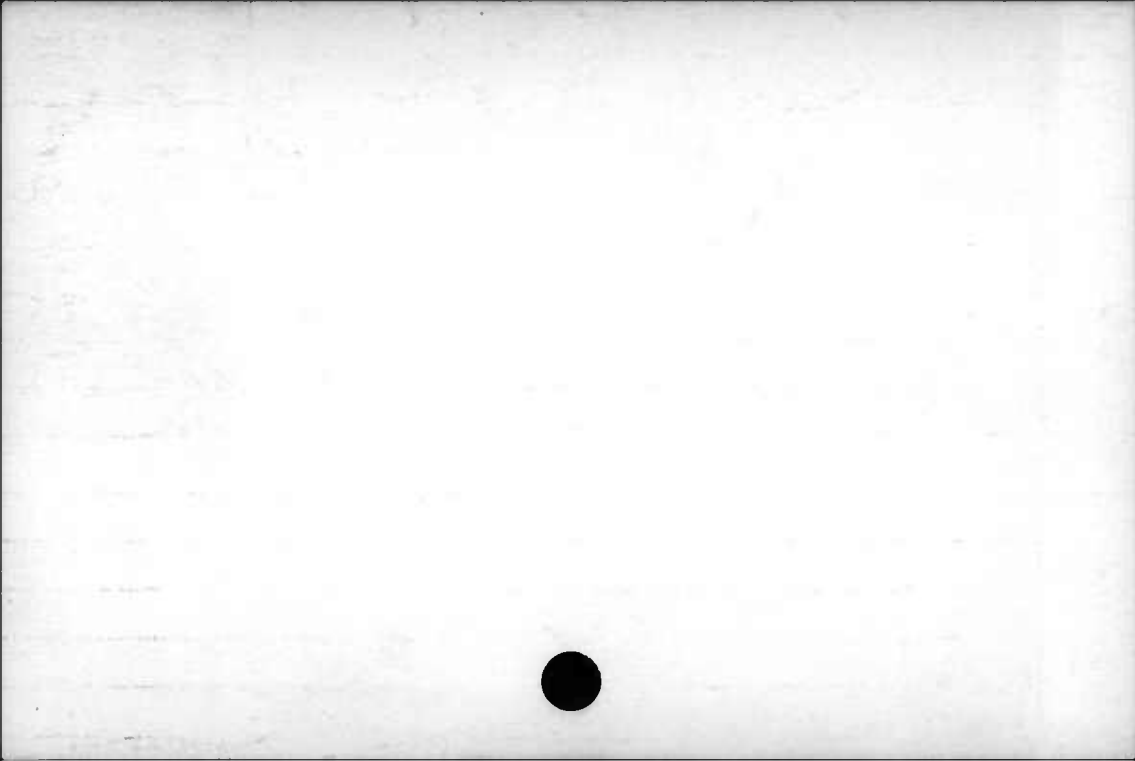
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER




Name in Full		Robert Deliaid Heller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bumhol Town		Cecyh County		MARYLAND
	Date of death	1905	Month	July	Day	19	Age
					Years		Months
							Days
	Sex	male		Color or Race	White		Birth-place
							Baltimore
	Occupation			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Charles Heller				Father's Birthplace	
						Germany	
Mother's Maiden Name		Jenny Schilling				Mother's Birthplace	
						Ill.	
Name of person giving information		Charles Heller				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Enterocolitis				How long	1 week
	Immediate	Exhaustion				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
					Mid		



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brown</i>				<i>Alle</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>Feb</i>	Day <i>19</i>	Age <i>6</i>	Years	Months <i>11</i>	Days <i>14</i>		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>West Va</i>					
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
		Father's Name <i>Albert Helzel</i>				Father's Birthplace <i>West Va</i>					
		Mother's Maiden Name <i>Regina Motright</i>				Mother's Birthplace <i>West Va</i>					
PHYSICIAN OR CORONER		Name of person giving information <i>Albert Helzel</i>				How related to deceased <i>Father</i>					
CAUSES OF DEATH											
		Primary <i>Typhoid Fever</i>				How long <i>3 weeks</i>					
		Immediate <i>Meningitis</i>				How long <i>3 days</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Chas. Brace</i>					
						Address <i>Cumt</i>					
		Accident or Suicide?									



Name in Full		Mary Henahan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ms. Savage		County Allegheny		MARYLAND
	Date of death 190	r	Month Feb	Day 24	Age	Years 86 (approx)	Months —
	Sex		Female		Color or Race		White
	Birth-place		Ireland		Occupation		— — — — —
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Francis Henahan
	Father's Name		J. Maloney		Father's Birthplace		Ireland
	Mother's Maiden Name		Mary Kane		Mother's Birthplace		Ireland
	Name of person giving information		Aunie Henahan		How related to deceased		Daughter.
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Left Hemiplegia 64			How long	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			 Ed Savage M.D.				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Infant of Edward Hillery
Amberland

County

Alleghany

Date

1905

Month

Dec

Day

24

Age

Years

—

Months

—

Days

1

Sex

male

Color or
Race

Colored

Birth-
place

Amberland

Occupation

Infant

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Edward Hillery

Father's
Birthplace

W. Va

Mother's
Maiden Name

Myrtle Davis

Mother's
Birthplace

Amberland Md

Name of person giving
information

Edward Hillery

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

Several hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

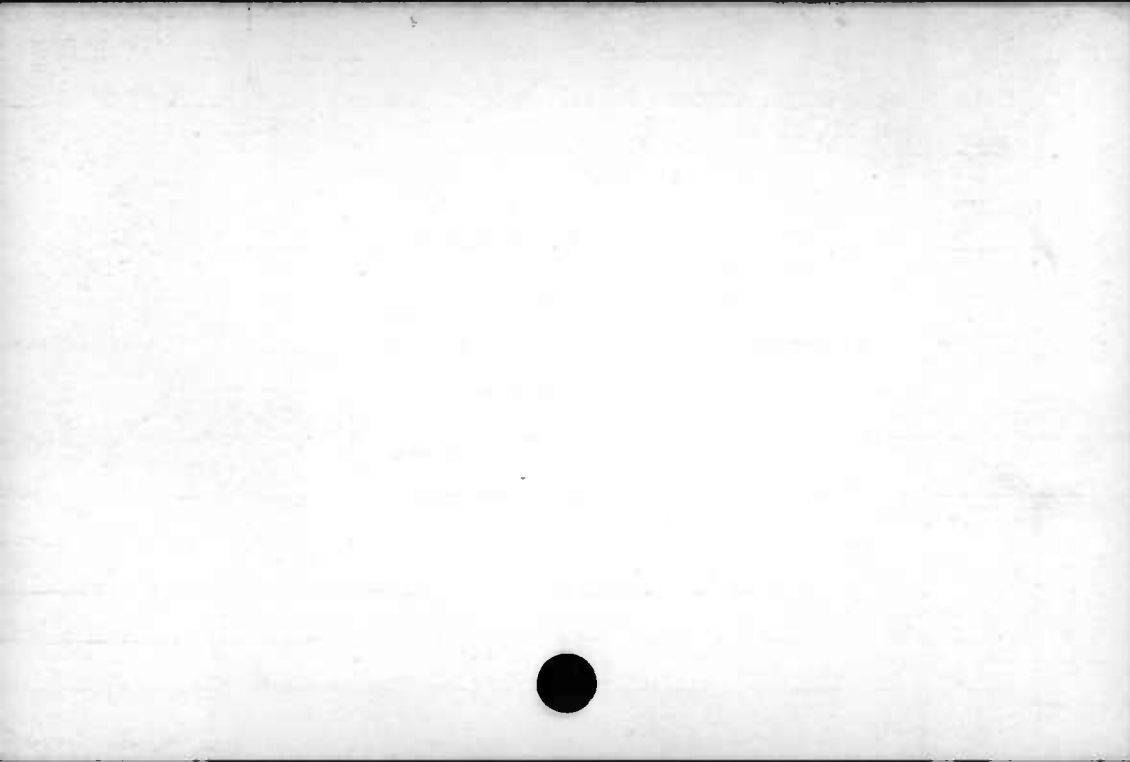
Signature of
Physician

E. J. Duke

Address

Amberland Md

Accident or Suicide?



Name
in
Full

Chas. W. Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Alleghany</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>13</i>	Age	Years	Months	Days	
Sex <i>Female</i>		Color or Race		Birth-place			
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>2 wks.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. E. B. Claybrooke</i>
		Address	<i>Cumberland Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Wm Harrison Hook

Town

County

MARYLAND

Died at

Baltimore

any

Date

Month

Day

Year

Months

Days

of death 1905

July

7

Age

63

Sex

male

Color or
Race

Birth-
place

Occupation

Smithsonian

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna M Hook

Father's
Name

—

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
In formation

Anna M Hook

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

4 yrs

Immediate

Cerebral Hemorrhage

How long

15 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. B. Claybrooke

Address

824 Chestnut St
Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Commissaire Foyen

PHYSICIAN
OR CORONER

Elias Hovner

CERTIFICATE OF DEATH

MARYLAND

Died at Cumby Town

County

Date of death 190 5 22 Month

Day

Years

Months

Days

Age

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

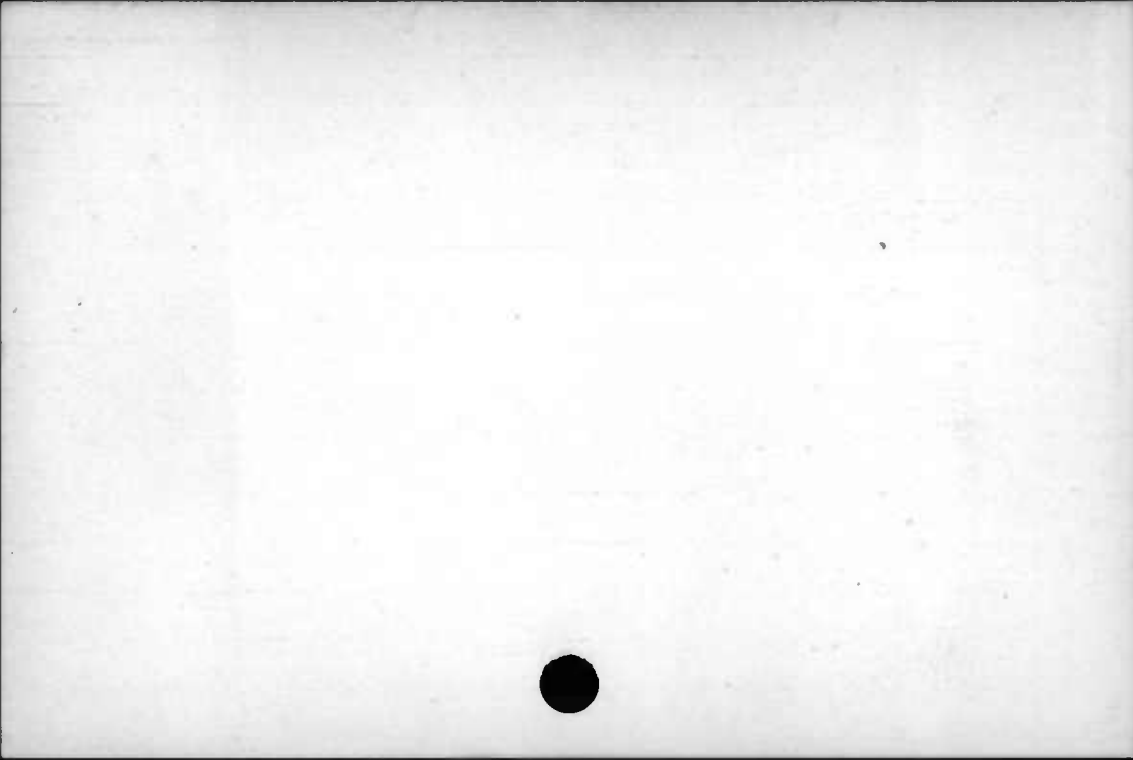
How long

Are the name, age, sex, color, date and place correctly given above?

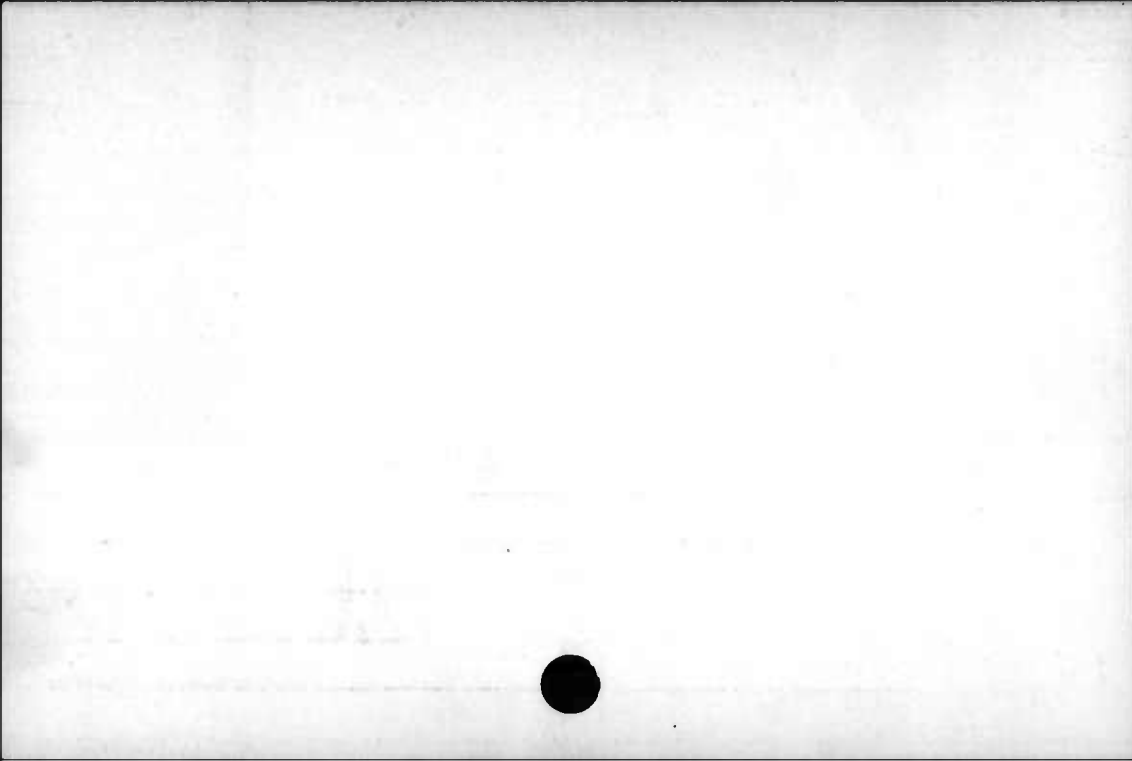
Signature of Physician

Address

Answer: 6.114



Name in Full		Howell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barton		County		MARYLAND	
	Date of death 190	5	Feb	6	Age	Years	Months
	Sex	Male		Color or Race	White		Birth- place
	Married, Single or Widowed		L		Occupation		
	Name of Wife or Husband						
	Father's Name			John Howell		Father's Birthplace	
	Mother's Maiden Name			Sadie James		Mother's Birthplace	
Name of person giving in formation			John Howell		How related to deceased		
			John Howell		Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
	Accident or Suicide?						



Name
in
Full

Washington Irvin

CERTIFICATE OF DEATH

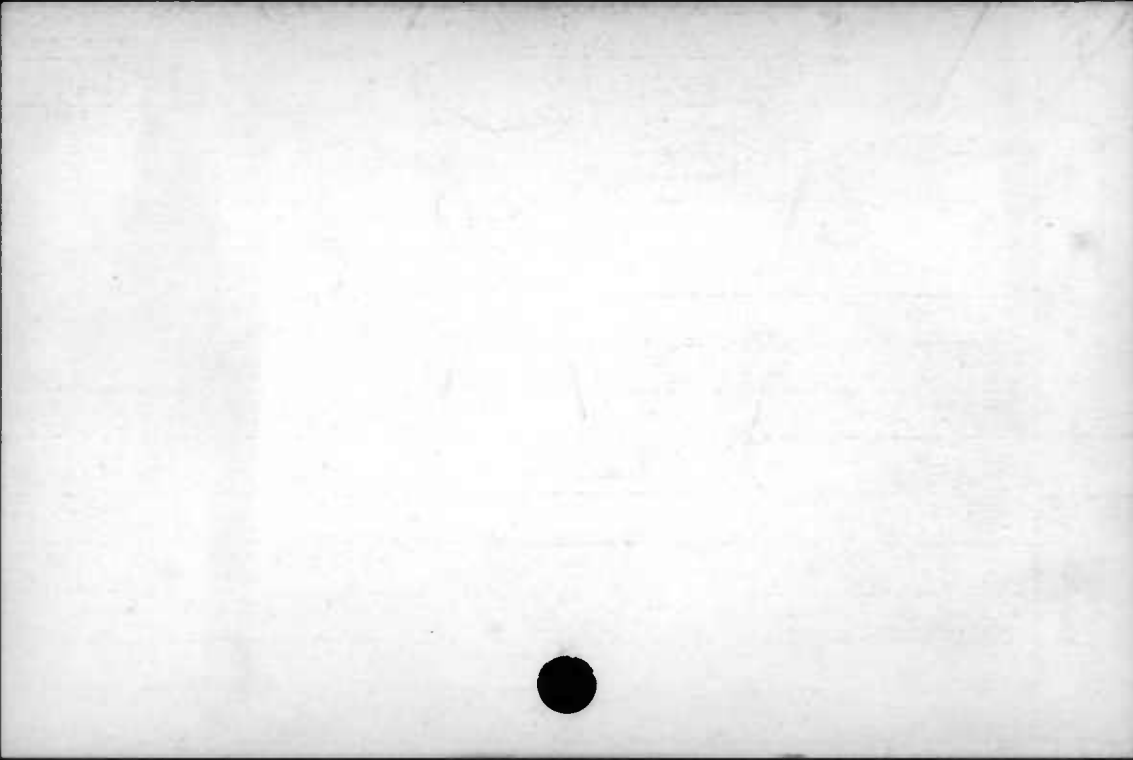
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		1908	Month Feb	Day 9	Age 67	Years	Months Days
Sex Male		Color or Race White		Birth- place Pa			
Occupation Police				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Corbrot Meningitis	How long	6 days
Immediate	Caused by Septicemia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Eunice M. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>2</i> ^{Day} <i>25</i> ^{Age} <i>1</i> ^{Years} <i>1</i> ^{Months} <i>1</i> ^{Days} <i>-</i>					
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Frostburg Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Johnson</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Lozier</i> <i>Risser</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>alp. Risser</i>		How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cap. Proctitis</i>	How long <i>1 wk.</i>
Immediate <i>6</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Brier</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

G. K. M.
Perry

Name
in
Full

Patrick Slane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland^{County} AlleganyDate
of death 1905

Month

Feb

Day

20

Age

Years

66

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Occupation

Laborer

Where Residing if not
at place of death

W. Md. Hospital

~~Married, Single~~
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Inflammation of Bladder

How long

Immediate

Pyemia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. Proctor

Cumberland
Md

Accident or Suicide?



Name
in
Full

Luritta Georganne Kern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>S. Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>19</i>	Years <i>22</i>	Months <i>5</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Perth J. Kern</i>				
Father's Name <i>Geo Snyder</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary A.</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Perth J Kern</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L. Broadus</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>No</i>	<i>15 Va Ave</i> <i>Ind</i>

169 Homer St.

Name
in
Full

CERTIFICATE OF DEATH

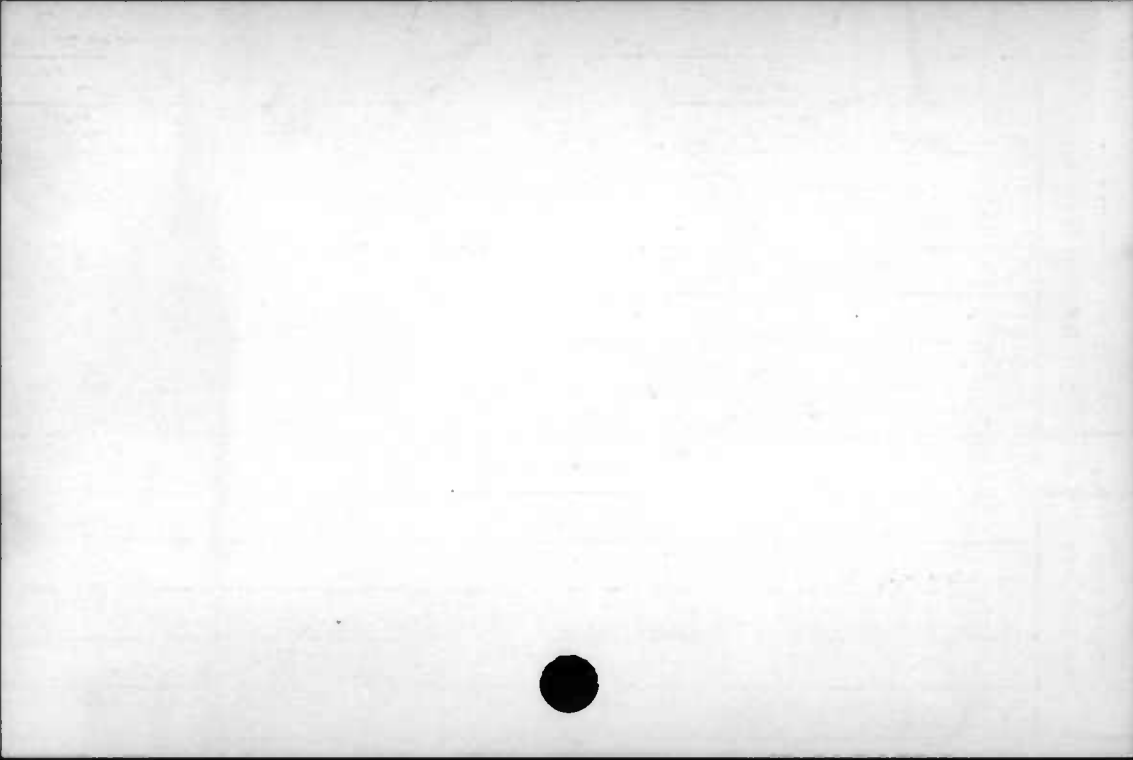
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah L. Knight</i>		Town <i>Cumtrea</i>		County <i>Accyph</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 July</i>		<i>4</i>		<i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>			
Occupation				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>-</i>						Father's Birthplace	
Mother's Maiden Name <i>-</i>						Mother's Birthplace	
Name of person giving information <i>Hilkey Knight</i>						How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>93</i>	
Immediate		How long <i>1 Week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Thos. Hoon</i>	
		Address <i>Cumtrea Md.</i>	
Accident or Suicide?		<i>Hoon</i>	



Name
in
Full

Chas. Joseph Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lord and</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>2</u>	Day <u>21</u>	Age <u>3</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Lord and</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Kirby</u>			Father's Birthplace <u>Essex and</u>		
Mother's Maiden Name <u>Annie Mae Jann.</u>			Mother's Birthplace <u>Cal. Summit and</u>		
Name of person giving information <u>J.W.</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Scarlet fever</u>	How long	<u>3 1/2 days</u>
Immediate	<u>Scarlet fever</u>	How long	<u>3 1/2 days</u> ✓
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. G. Smith</u>	
<u>yes</u>		Address <u>Lord and and</u>	
Accident or Suicide?		✓	

Soan

Catto

Name in Full		Inf of SC Kowitz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland	County Alleghany		MARYLAND	
	Date of death		1905	Month Feb	Day 28	Age	Years —
	Sex		Female		Color or Race	White	
	Occupation				Birth-place		
					Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		SC Kowitz		Father's Birthplace		
	Mother's Maiden Name		H. Beall		Mother's Birthplace		
	Name of person giving information		SC Kowitz		How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Stillborn			How long	
						How long	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		
					Address		
Accident or Suicide?				Dr Thos Koon			
				Cumberland			
				Md.			

41

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

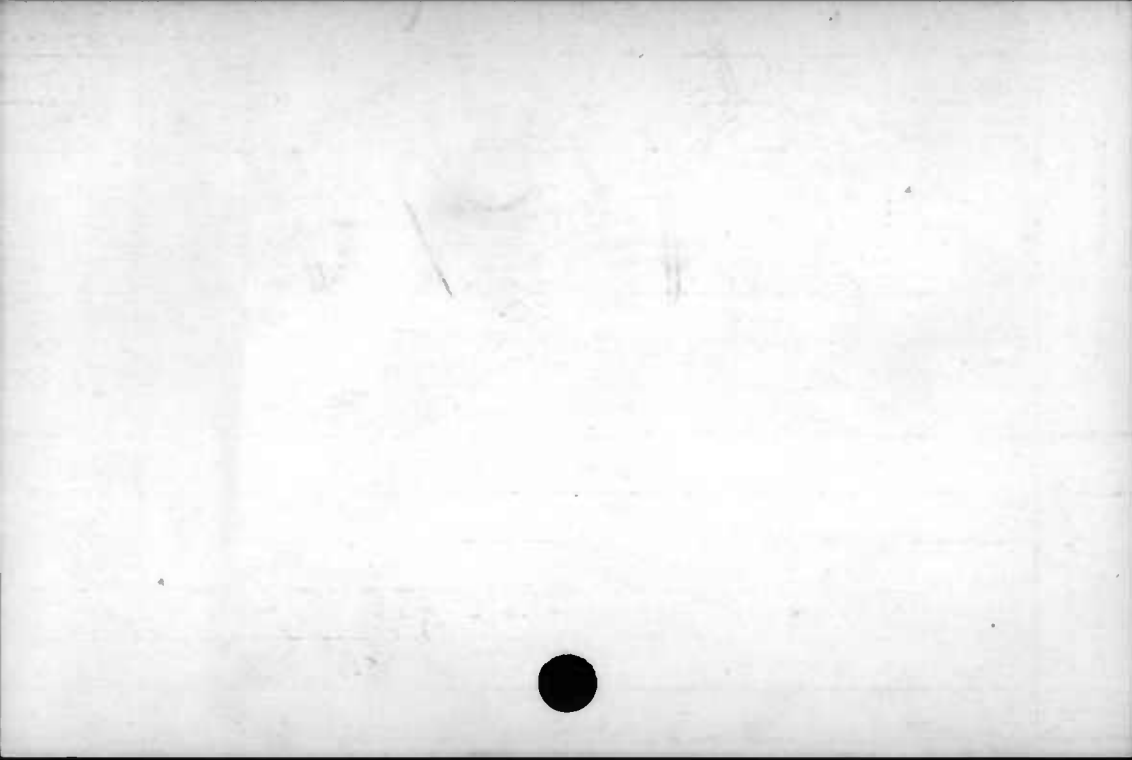
MARYLAND

Died at		Town		County			
Date of death	1905	Month	July	Day	9	Age	60
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	Wife			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Catharine Landwhere				Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Branchial Pneumonia	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. J. Johnson	
Address		Pulaski	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

Edna Lochner

Town

County

MARYLAND

Died at

Linacorn

Allegheny

Date

Feb 1905

Day

Age

Years

Months

Days

of death

15

13

15

Sex

Female

Color or
Race

White

Birth-
place

Linacorn

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or widowed

Name of Wife or
Husband

—

Father's
Name

August Lochner

Father's
Birthplace

Linacorn

Mother's
Maiden Name

Wattie Story

Mother's
Birthplace

Linacorn

Name of person giving
Information

Mrs J. E. Story

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Scarlet Fever

How long

4 wks

Immediate

Exanthema

How long

2 wks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. B. Skilling

Address

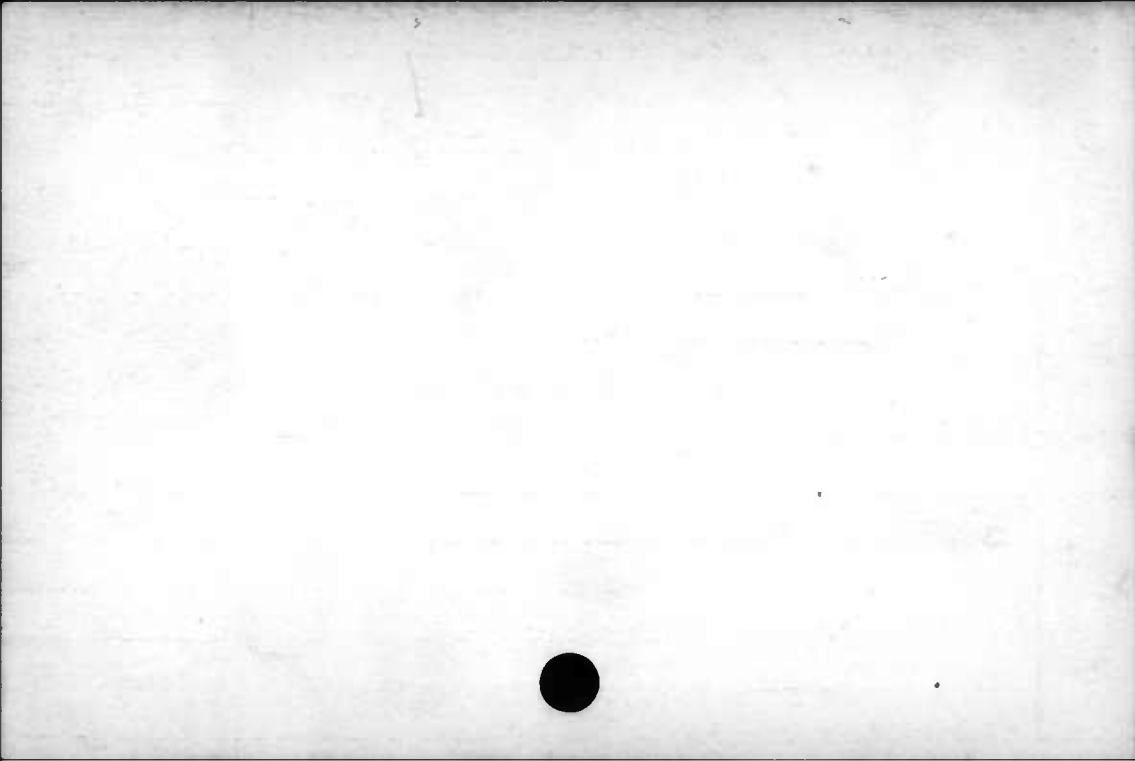
Linacorn

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

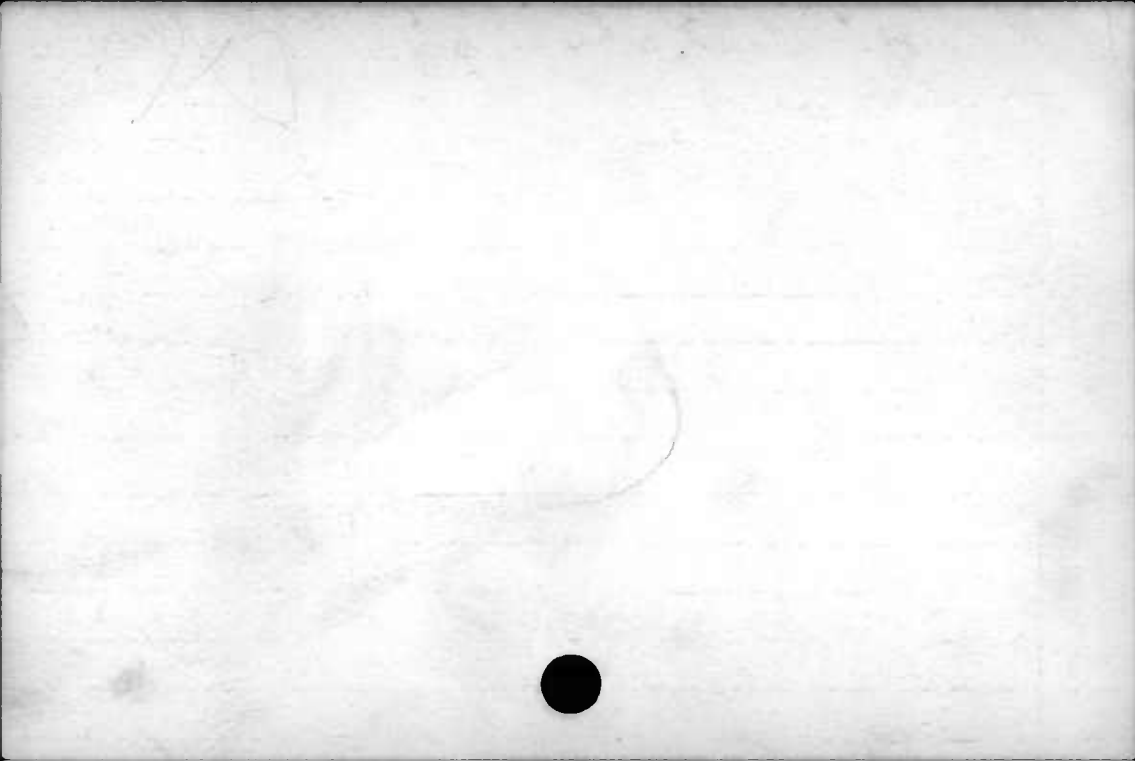
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake</u> Town <u>2</u> County			
Date of death <u>1905</u>	Month <u>2</u>	Day <u>3</u>	Age <u>8</u> Years <u>8</u> Months <u>8</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>J. H. Wesley</u>	Father's Birthplace <u>Chesapeake</u>		
Mother's Maiden Name	Mother's Birthplace <u>Chesapeake</u>		
Name of person giving information <u>J. H. L.</u>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocardial</u>	How long <u>8 mos</u>
Immediate <u>Exhaustion</u>	How long <u>15/</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Delaney</u>
	Address <u>Chesapeake</u>
Accident or Suicide? <u>Chesapeake</u>	



Name
in
Full

CERTIFICATE OF DEATH

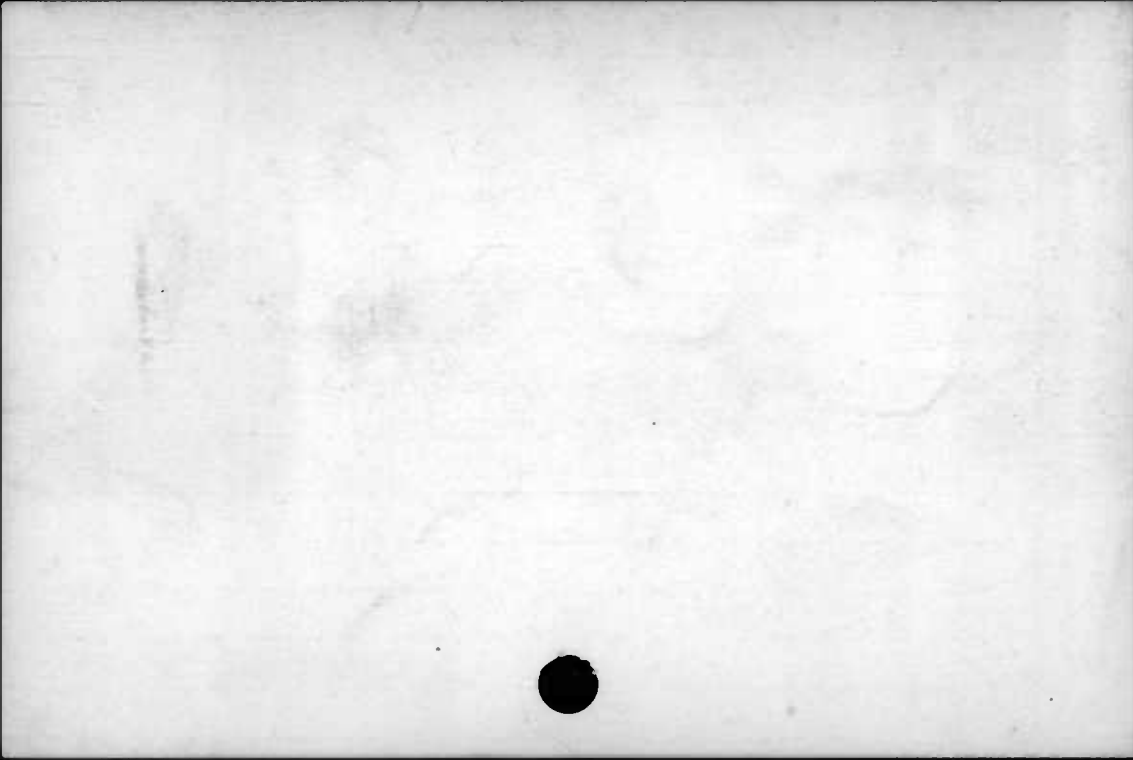
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edmund McKenny</i>		Town <i>Cumttd</i>		County <i>Alleghy</i>		MAYLAND	
Died at		Date of death <i>1905 Feb</i>		Day <i>6</i>	Age <i>87</i>	Years	Months <i>~</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Days <i>~</i>	
Occupation <i>Gardner</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen McKenny</i>					
Father's Name <i>— — —</i>				Father's Birthplace			
Mother's Maiden Name <i>— — —</i>				Mother's Birthplace			
Name of person giving information <i>Ellen McKenny</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>64</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>✓</i>	
		Address <i>Leo A Franklin</i>	
Accident or Suicide? <i>ST Patrick</i>			



Name
in
Full

Harry McKungie

CERTIFICATE OF DEATH

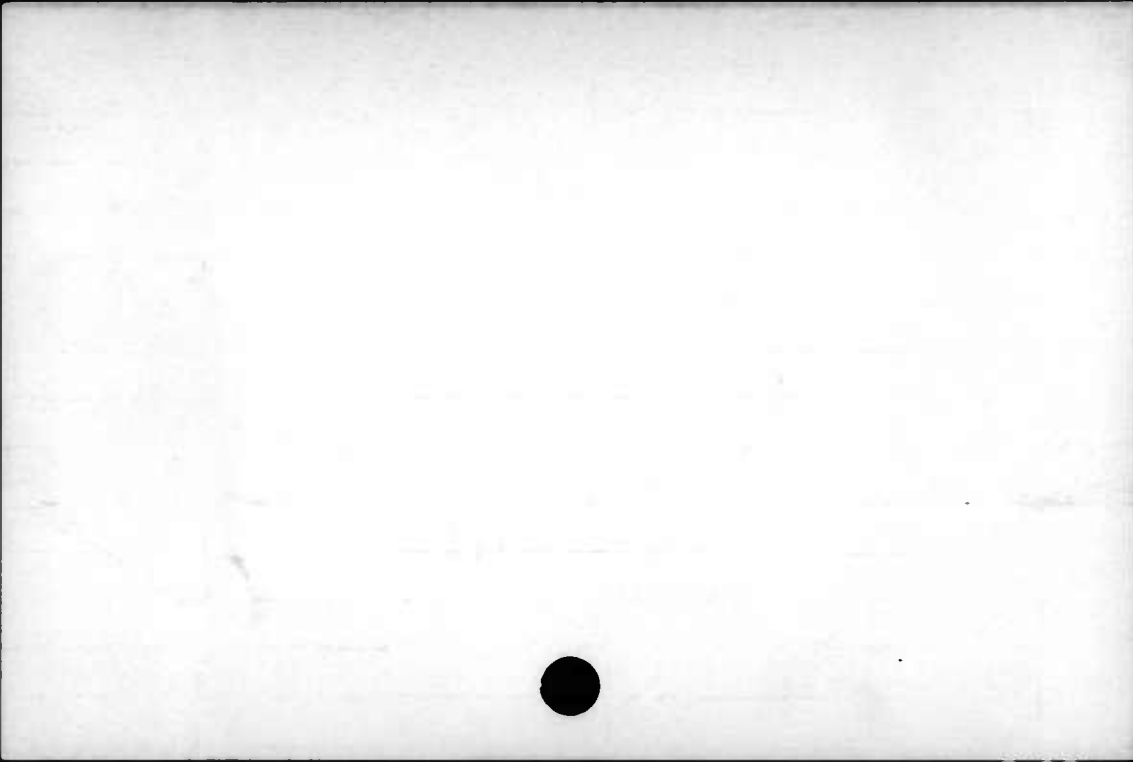
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ind Savage</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>Feb</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>4</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind Savage</i>		
Married, Single or Widowed <i></i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Chas McKungie</i>			Father's Birthplace <i>Cumberland</i>		
Mother's Maiden Name <i>Sarah Albright</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Chas McKungie</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>71</i>	How long
Immediate	<i>Spasms</i>	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. Alan E. Murray</i>	Address <i>Ind Savage Ind</i>
Accident or Suicide?	<i>accident</i>	<i>✓</i>



Name
in
Full

William Malloy

CERTIFICATE OF DEATH

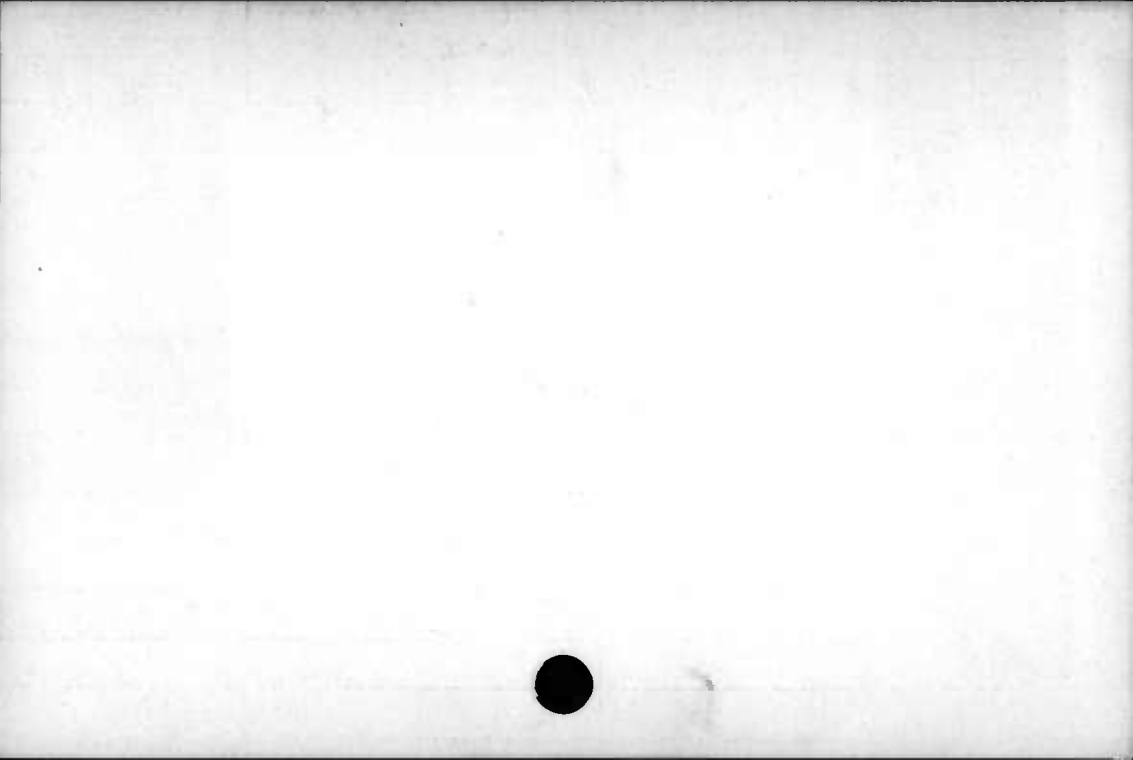
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Md Savage		County Alligany		MARYLAND									
Date of death 190		5	Month Feb	6	Day	1	Years	4	Months	9	Days				
Sex		Male		Color or Race		White		Birth- place		Md Savage					
Married, Single or Widowed						Occupation									
Name of Wife or Husband															
Father's Name						John T. Malloy						Father's Birthplace		Md Savage	
Mother's Maiden Name						Mary Hadley						Mother's Birthplace		Md Savage	
Name of person giving In formation						John T. Malloy						How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Insanition		11 ✓		How long		All life	
Immediate		Spasms				How long		2 hours	
Are the name, age, sex, color, date and place correctly given above?				of		Signature of Physician		F. Alan G. Murray	
						Address		Md Savage Md	
Accident or Suicide?				Accident					



Name
in
Full

CERTIFICATE OF DEATH

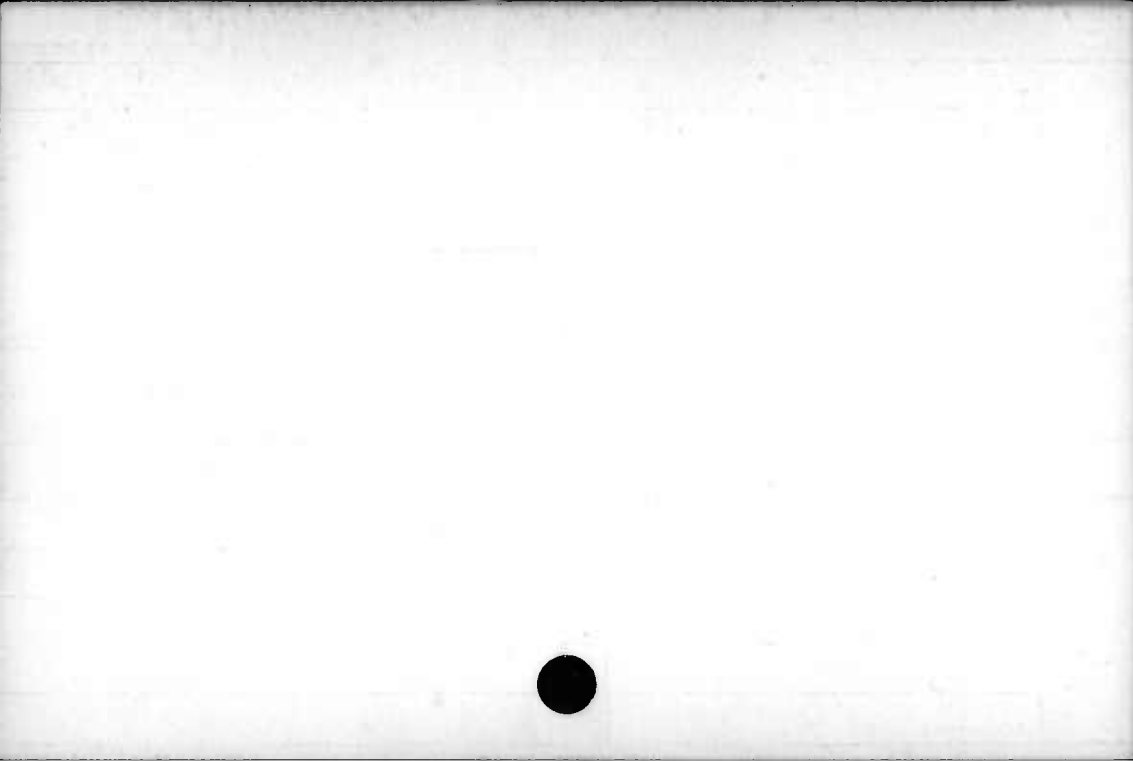
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conaoning</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>37</i>	Years	Months <i>19</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Rawlins-grad</i>			
Occupation <i>Invalid</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Ellen Metz</i>				
Father's Name <i>John F. Metz</i>	Father's Birthplace <i>Conaoning</i>				
Mother's Maiden Name <i>Rebecca Kease</i>	Mother's Birthplace <i>Rawlings</i>				
Name of person giving Information <i>Mrs. Ella Metz</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>3 years</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Hodgeson</i>
	Address <i>Conaoning, Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Oliver Miller

CERTIFICATE OF DEATH

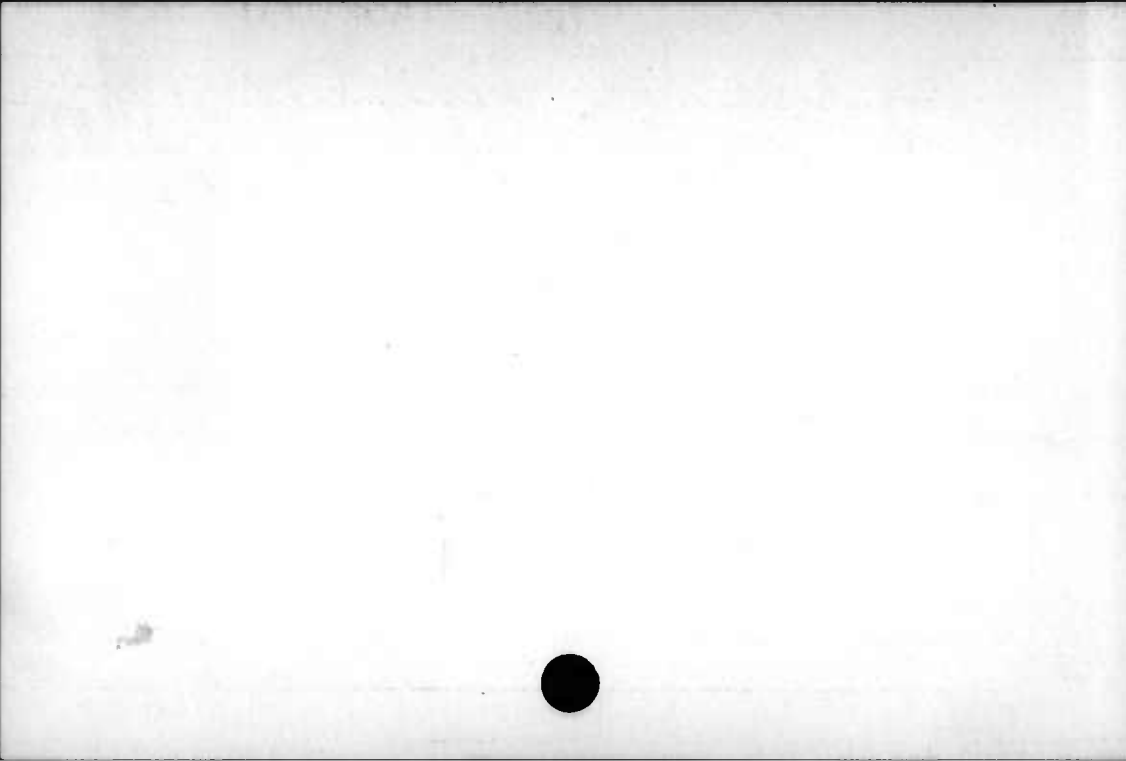
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1905	<i>Feb</i> ^{Month}	<i>8</i> ^{Day}	Age <i>54</i> ^{Years}	<i>2</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegh. Co</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Miner</i>				
Name of Wife or Husband <i>Bridget Maughton</i>					
Father's Name <i>Chas O. Miller</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Pearre Miller</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>16 ft</i>	How long
Immediate <i>Skull fracture, by coal</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>St. Boncher</i>	
	Address <i>Barton Md</i>	
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Harry Floyd Miller

CERTIFICATE OF DEATH

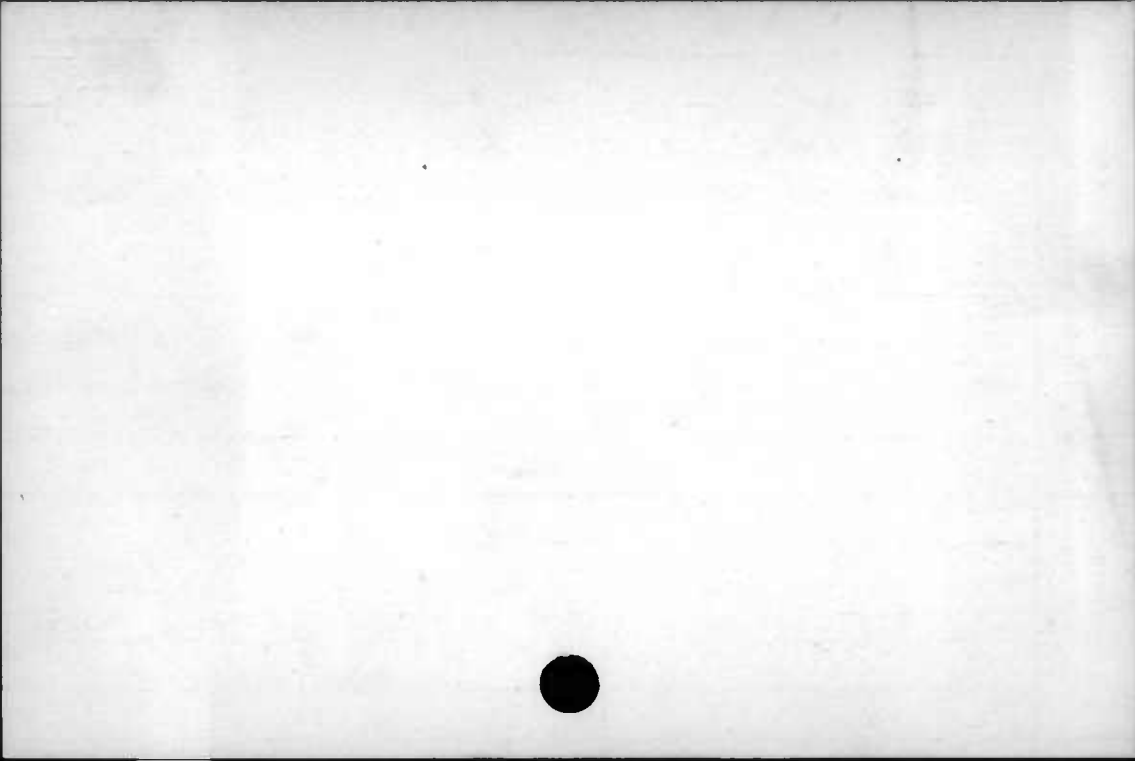
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumma</i> Town		County <i>Alle</i>		MARYLAND	
Date of death	1905	Month	<i>Feb</i>	Day	9
Age		Years	<i>22</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>West Va</i>
Occupation	<i>Railroader</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			
Father's Name	<i>J H Miller</i>			Father's Birthplace	<i>West Va</i>
Mother's Maiden Name	<i>Sallie E McDonald</i>			Mother's Birthplace	<i>West Va</i>
Name of person giving information	<i>J H Miller</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 wks</i>
Immediate	<i>Perf of Bowels</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. B. Claybrooke</i>
		Address	<i>Cumberland</i>
Accident or Suicide?	<i>Berkeley Sping</i>		<i>W.H.</i>



Name
in
Full

John E. Miller,

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Little Orleans

Allegheny

Date

Month

Day

Years

Months

Days

of death

1905 Febry

1st

Age

About 38

Sex

Male

Color or
Race

White - Swede

Birth-
place

Sweden

Occupation

Contractor - R.R.

Where Residing if not
at place of death

Married, Single

Name of Wife or
HusbandFather's
Name

Don't know

Father's
Birthplace

Sweden

Mother's

Maiden Name

" "

Mother's
Birthplace

Sweden

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Blow from falling rock

How long

✓

Immediate

Fracture of Cervical Spine

How long

✓

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. E. Fisher

Address

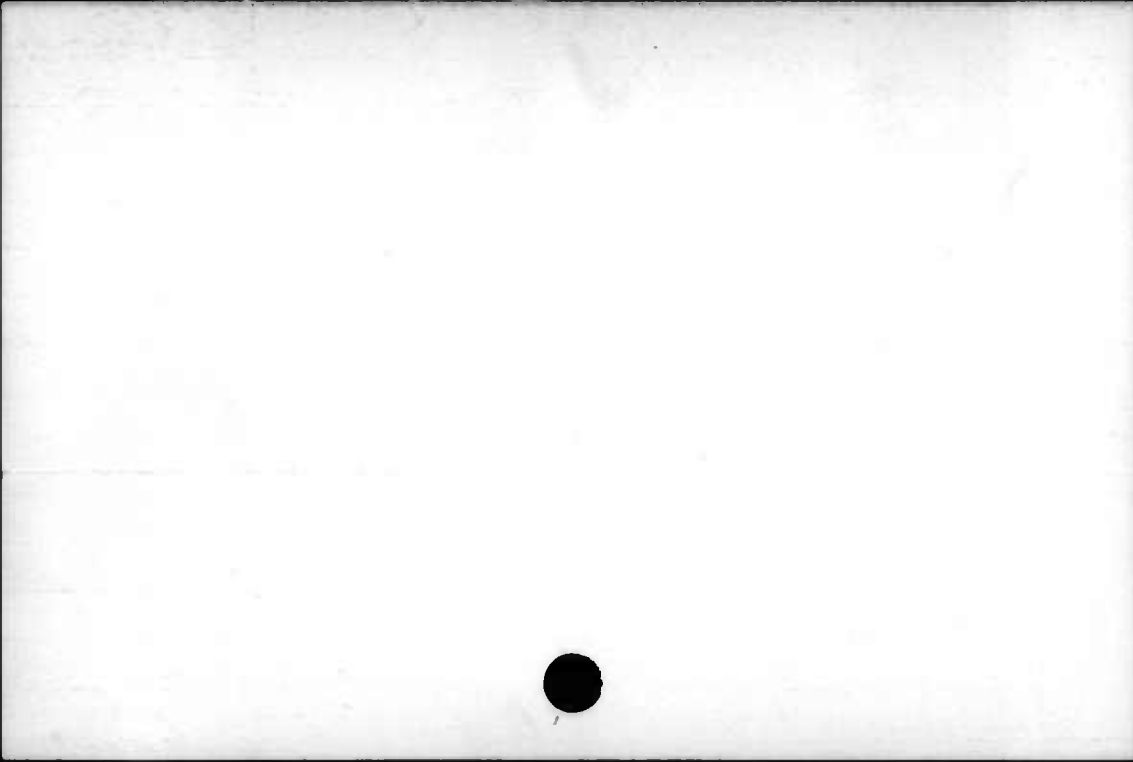
Little Orleans

Accident or Suicide

Accident

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marion E B Miller

CERTIFICATE OF DEATH

MARYLAND

Died at

Crown

Town

County

Alle

Date

of death

1905

Month

Feb

Day

5

Age

Years

60

Months

9

Days

29

Sex

Female

Color or
Race

White

Birth-
place

New York

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name, of Wife or
HusbandFather's
Name

Ambrose S Briggs

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Jacob A Miller

How related
to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy

64

How long

24 hours

Immediate

Paralysis

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. S. Brace m 5

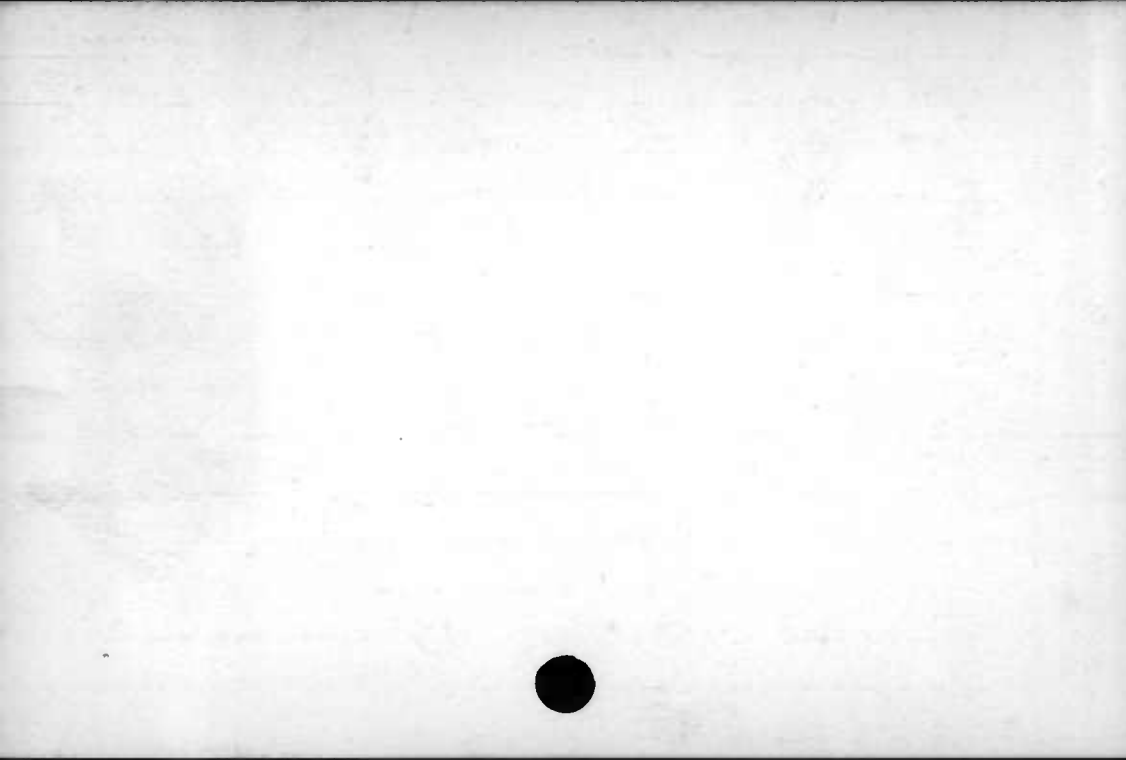
Address

Lynchburg Md

Accident or Suicide?

Brain

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Minke

Town

County

Died at

Date

of death 1905

Month

Feb

Day

8

Age

Years

Months

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Minke

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Gipsman

Mother's
Birthplace

Md

Name of person giving
Information

John Minke

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tetanus

Height

28 lb

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

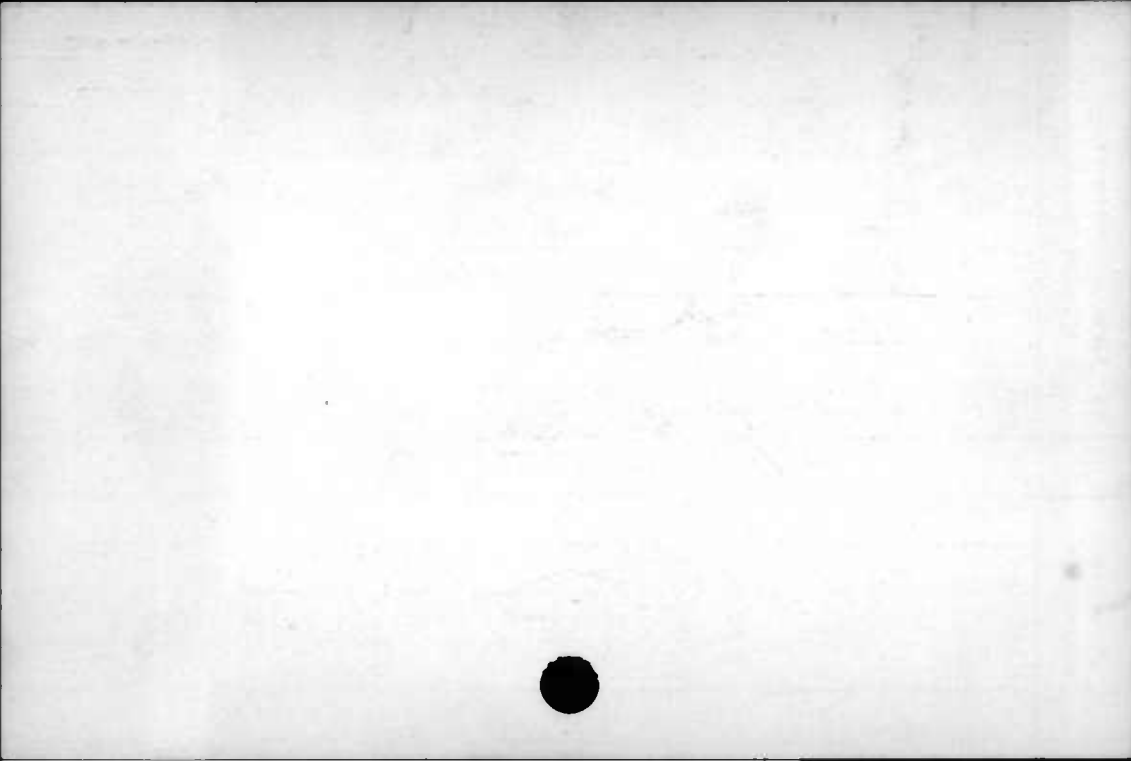
J. H. Fackman

Address

Lumberton Md.

Accident or Suicide?

J. H. Fackman



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

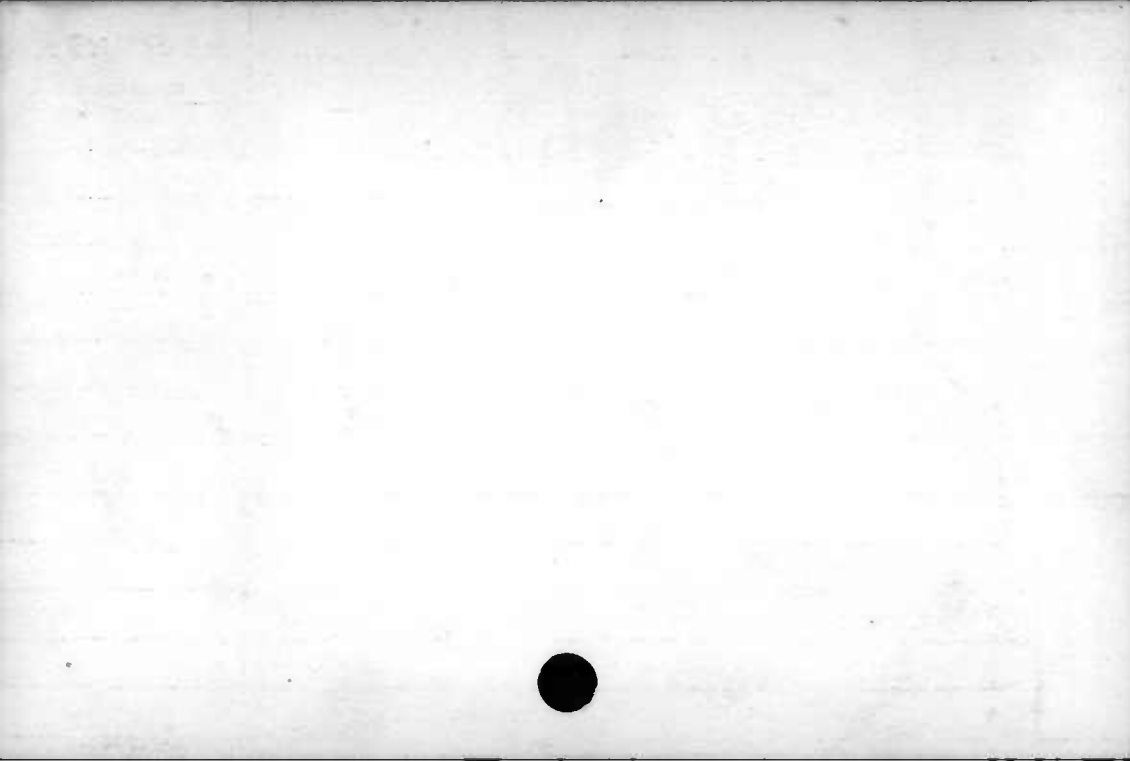
Died at *Westport* TownCounty *Allegheny*Date
of death *1905*Month *2*Day *18*

Age

Years *33*Months *—*Days *—*Sex *Male*Color or
Race *White*Birth-
place *Scotland*Occupation *Coal Miner*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife
Husband *Mary Moran Morgan*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in information *Mary Moran Morgan*How related
to deceased *Wife*

CAUSES OF DEATH

Primary *Chronic Nephritis*How long *about 2 or 3**Years*Immediate *Exhaustion*How long *129**Hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *J. B. Shupe*Address *Westport*Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Joseph Mullin

Died at Pekin ^{Town} Alligany ^{County} MARYLAND

Date of death 1905 - 1st ^{Month} 23 ^{Day} Age 2 ^{Years} 8 ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Pekin

Occupation none Where Residing if not at place of death —

~~Married, Single or Widowed~~ Name of Wife or Husband —

Father's Name John Mullin & Father's Birthplace Pekin

Mother's Maiden Name Bridget Footen Mother's Birthplace Boston

Name of person giving Information John Mullin & How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

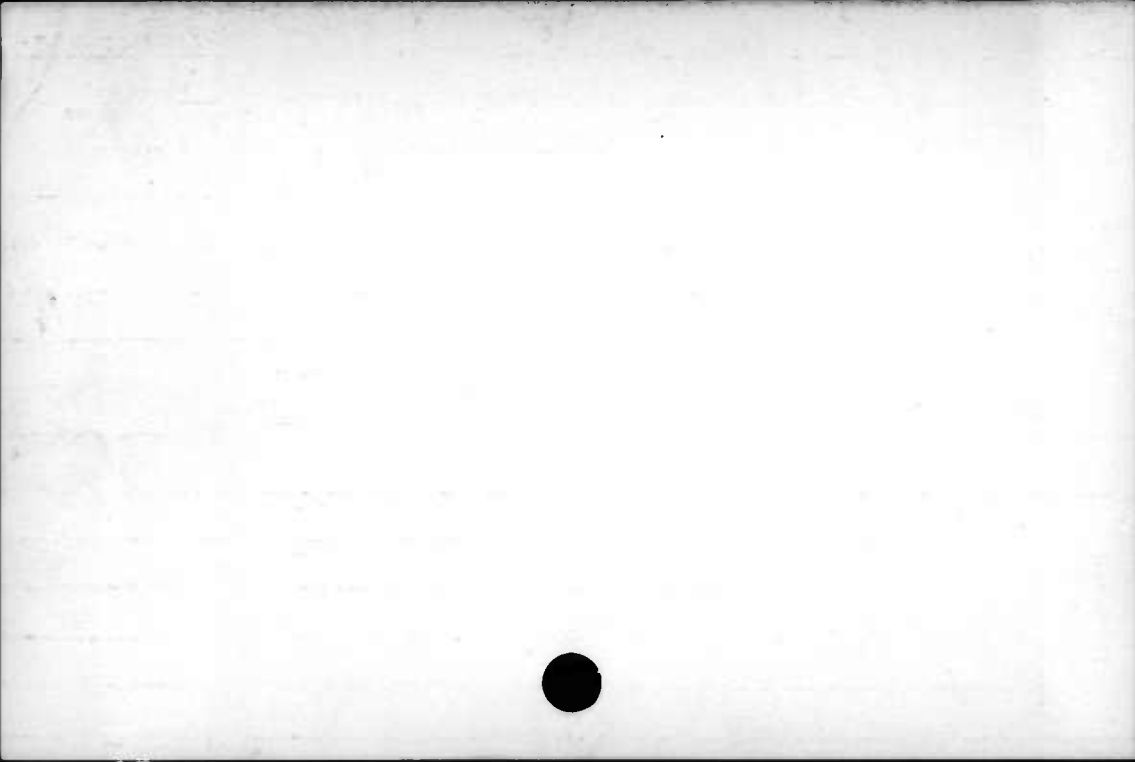
Primary Progressive Pernicious Anemia How long 3 wks

Immediate Asthma 54 How long One week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. S. Skilling MD

No Address —

Accident or Suicide? No



Name
in
Full

Karakadimus Mupuo ayo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Little Orleans* Town *Allegany* County

Date of death *1905 February 8* Month *8* Day *8* Age *about 30* Years Months Days

Sex *Male* Color or Race *Greek* Birth-place *Greece*

Occupation *Labored* Where Residing if not at place of death *Pawpaw W. Va.*

Married, Single or Widowed *S* Name of Wife or Husband *S*

Father's Name *S* Father's Birthplace *S*

Mother's Maiden Name *S* Mother's Birthplace *S*

Name of person giving information *166* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fall from Stone dump with car* How long

Immediate *Fatal Concussion of Brain* How long

Are the name, age, sex, color, date and place correctly given above? ☒

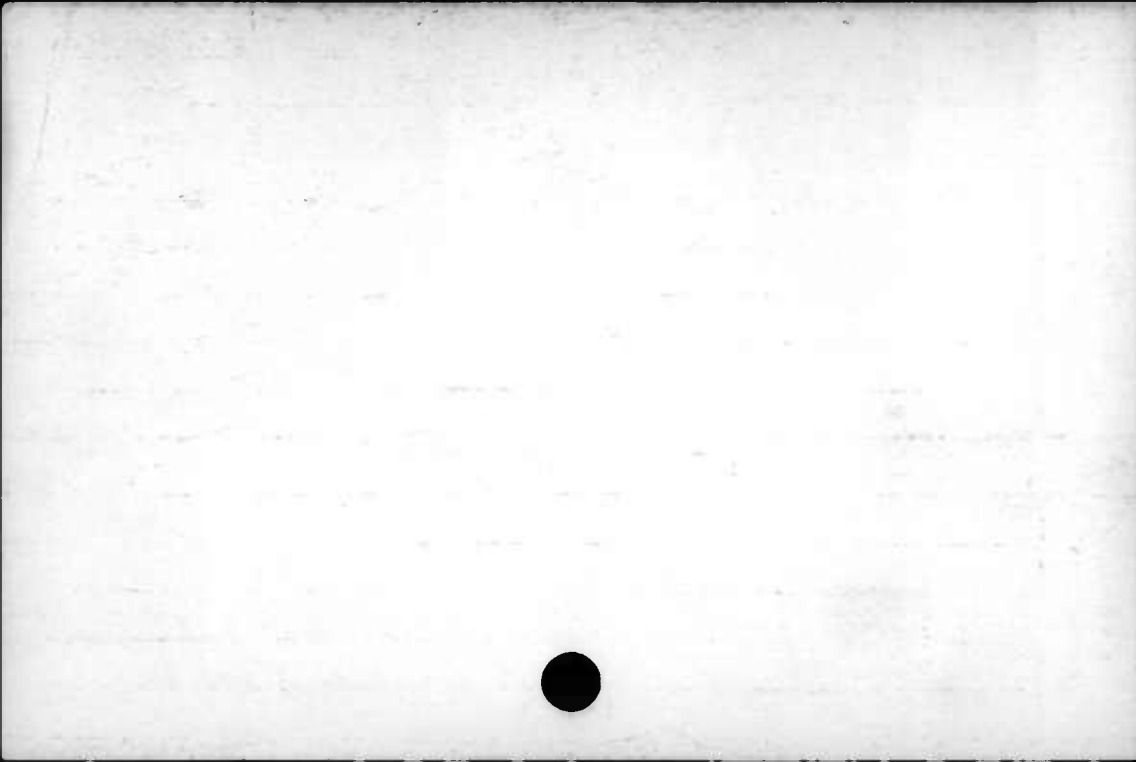
Signature of Physician *C. E. Fisher*

Address *Little Orleans Md.*

Accident or Suicide? *Accident*



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Burr		Alle		MARYLAND				
	Date of death		1905	Feb	25	Age	70	Months		Days	
	Sex		Male		Color or Race		White		Birth- place		
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed		Widowed		Name of Wife or Husband						
	Father's Name				Father's Birthplace						
	Mother's Maiden Name		Anna		Mother's Birthplace						
Name of person giving In formation		John Nelson		How related to deceased		Son					
<div>CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER	Primary		1		How long		95				
	Immediate		Pulmonary Edema		How long						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		James J. Johnson				
					Address		Dr Johnson				
	Accident or Suicide?						See Rhone				



Name
in
Full

John O'Brien

CERTIFICATE OF DEATH

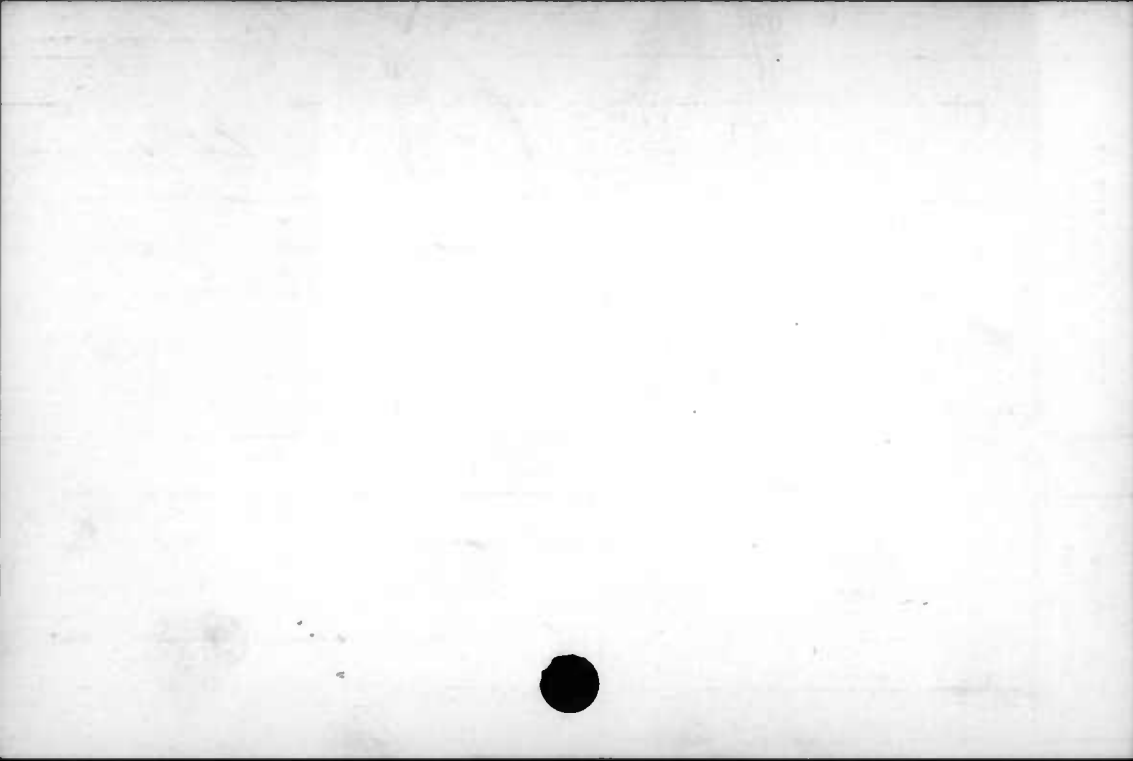
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Funeral</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death	1905	Month	2	Day	28
Age		Years	Months		Days
Sex	Male	Color or Race	White		Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		<u>G. L. D.</u>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	<u>Dennis E. O. Neal Coroner</u>
Address	<u>Baltimore Md</u>
Accident or Suicide?	



Name
in
Full

John Paul

5-2-II

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Cumberland				Alleghany	
Date of death	1905	Month	July	Day	21
Age	79	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Butcher		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
		Margaret Paul			
Father's Name	—				Father's Birthplace
Mother's Maiden Name	—				Mother's Birthplace
Name of person giving information	John Paul Jr.				How related to deceased
Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cut his throat.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	J. W. Lamb, Jr. Acting Coroner		
	Address		
	Cumberland Md		
Accident or Suicide?	Suicide		



Name
in
Full

Thomas Philpot-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	1905	Month	2	Day	20
Age		Years	39	Months	—
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Cumberland</i>				
Occupation	<i>Laborer</i>		Where Residing if not at place of death	<i>W Md Hospital</i>	
Married , Single	Name of Wife or Husband		—		
Father's Name	—		Father's Birthplace	—	
Mother's Maiden Name	—		Mother's Birthplace	—	
Name of person giving information	—		How related to deceased	28	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	—
Immediate	<i>Tuberc. Meningitis</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ch Brodnawski</i>
		Address	<i>Cumberland Md</i>
Accident or Suicide?	—		



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>James Powers</i>		Town <i>Frostburg</i>		County <i>Allegheny</i>		CERTIFICATE	
	Died at						MARYLAND	
	Date of death		1905	Month 2	Day 27	Age 60	Years	Months
	Sex Male		Color or Race White		Birth-place Ireland			
	Occupation Miner		Where Residing if not at place of death Home					
	Married, Single or Widowed Married		Name of Wife or Husband Maria Powers					
	Father's Name James Powers		Father's Birthplace Ireland					
	Mother's Maiden Name		Mother's Birthplace Ireland					
Name of person giving information Frank Powers		How related to deceased Son						

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>General debility</i>	How long <i>6 years</i>
	Immediate <i>La Grippe</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert H. Mauley</i>
		Address <i>Frostburg, Md.</i>
Accident or Suicide?		

h m

Catholics

Amey -

Frank

Name
in
Full

Joe Rodrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Little Orleans^{County} Allegany

MARYLAND

Date of death 1905 Feb'y

Day 26

Age 23

Months

Days

Sex Male

Color or Race Austrian

Birth-place Austria

Occupation Laborer

Where Residing if not at place of death

Off Okonoko, W Va

~~Married~~, Single

Name of Wife or Husband

Father's Name Dont Know

Father's Birthplace Dont Know

Mother's Maiden Name

Mother's Birthplace "

Name of person giving information

Myself

How related to deceased 1

CAUSES OF DEATH

Primary Typhoid Fever

How long 3 weeks

Immediate Exhaustion & Collapse

How long

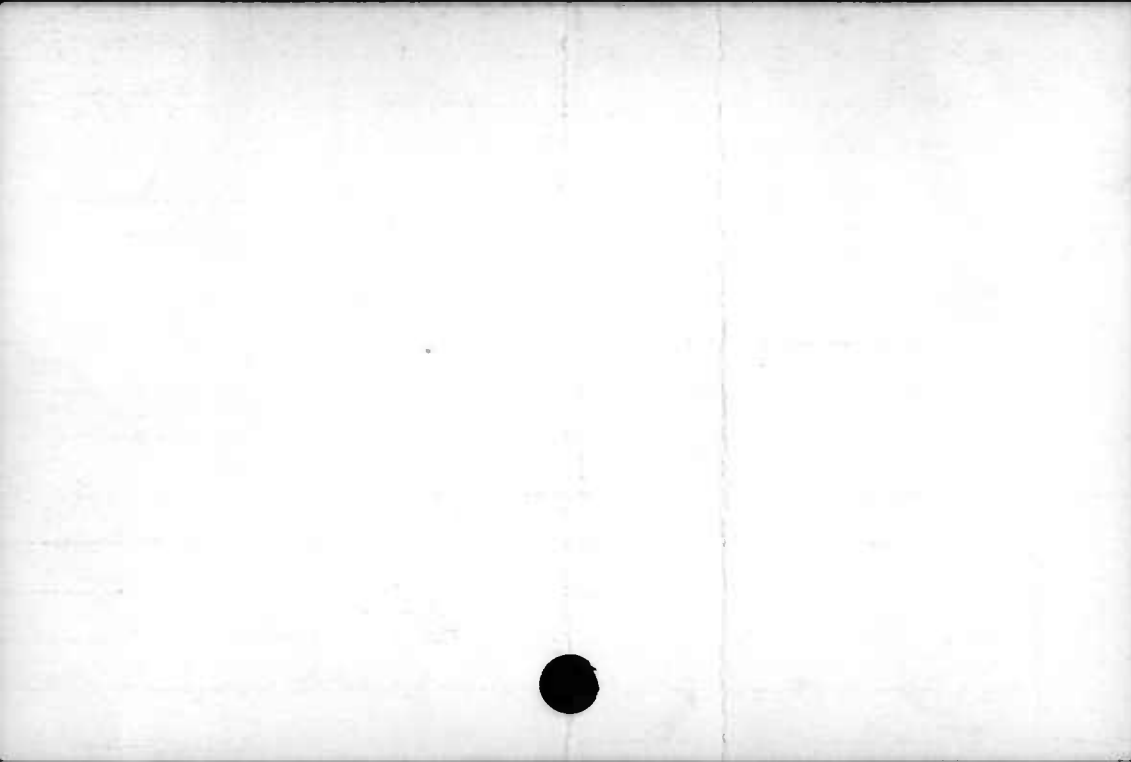
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician E. Fisher

Address Little Orleans

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Catherine W Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Longarming</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>27</i> Years	Months <i>5</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Longarming</i>		
Occupation <i>Waitress in restaurant</i>	Where Residing if not place of death <i>Worked and contracted disease in New York city</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Bernard Rogers</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Connelly</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mary Rogers</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>asthma</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock</i>
	Address <i>Longarming Maryland</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Name *Mary E. Rooney*
Died at *Frostburg* *Alleg* County

MARYLAND

Date of death *1905 Feb 25* Age *19* Months *11* Days

Sex *F* Color or Race *White* Birth-place *Frostburg Md*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wm Rooney* Father's Birthplace *Ireland*

Mother's Maiden Name *Miss Hamilton* Mother's Birthplace *America*

Name of person giving information *Harold V. Rooney* How related to deceased *Father*

CAUSES OF DEATH

Primary *Don't know* 108 How long

Immediate *Following operation for Intussusception* 9 days

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Griffith*

Address *Frostburg*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

SM

Entwickelung
Jugend

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

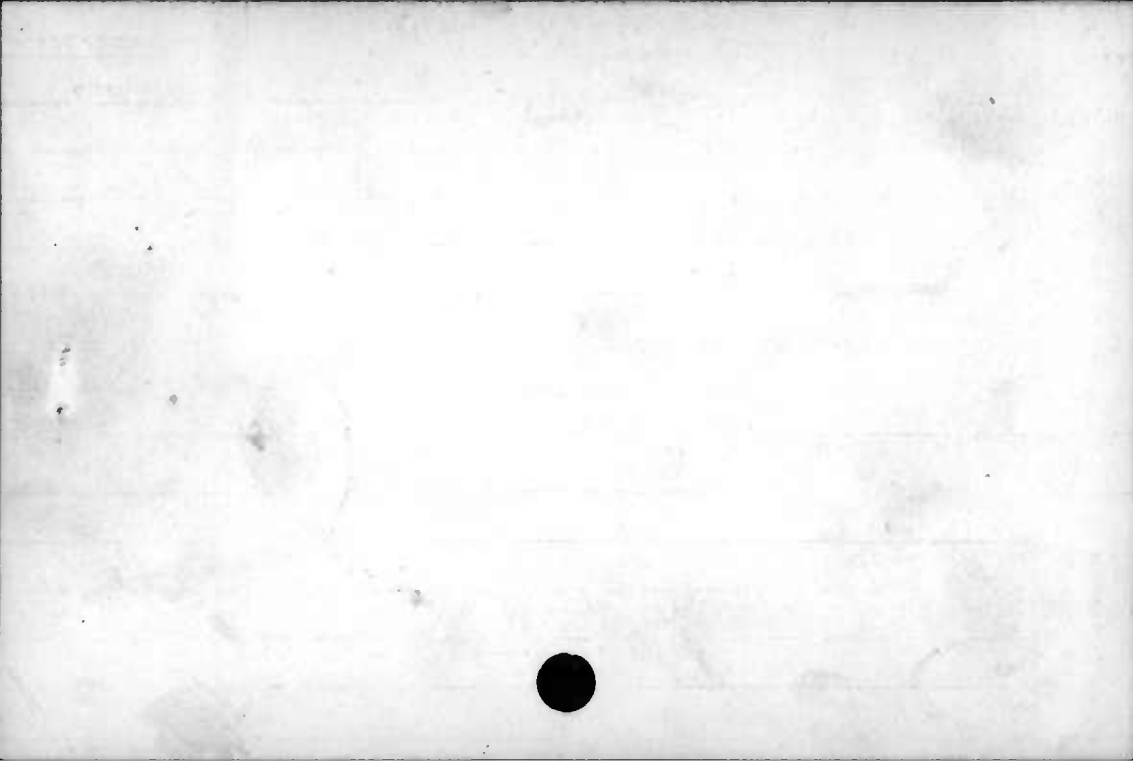
MARYLAND

John J. Ruchel		Town		County		Aller	
Died at		Bryn		Age		89	
Date of death		1905 Feb 4		Months		Days	
Sex		Male		Color or Race		White	
Occupation		Cabinet Maker		Birth-place		Germany	
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth Ruchel	
Father's Name		---		Father's Birthplace		---	
Mother's Maiden Name		---		Mother's Birthplace		---	
Name of person giving information		Wm Ruchel		How related to deceased		Son	

CAUSES OF DEATH

Primary	Central hemorrhage	How long	a few hours
Immediate	---	How long	---
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. W. W. W.	
		Address	
		Bryn	
Accident or Suicide?		Suicidal	

Name in Full		John Rushel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town So Cumberland		County Allegheny		MARYLAND	
	Date of death		1905	Month 20	Day 19	Age —	Years —	Months 2
	Sex		Male		Color or Race White		Birthplace Md	
	Occupation —				Where Residing if not at place of death —			
	Married, Single or Widowed —				Name of Wife or Husband —			
	Father's Name Er. Rushel				Father's Birthplace Md			
	Mother's Maiden Name Louise Moad				Mother's Birthplace Md			
	Name of person giving information Er. Rushel				How related to deceased Father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pneumonia		93		How long 1 week	
	Immediate		Exhaustion				How long 1 hr	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. L. Broadus			
					Address Cumberland Md			
	Accident or Suicide?		No		98 Va			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Sanders

Town

County

MARYLAND

Died at

Date

of death

1905

Month

Sept

Day

19

Age

Years

40

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Mrs. Mistake

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Gastric Cancer 40

How long

4 mo

Immediate

Exhaustion

How long

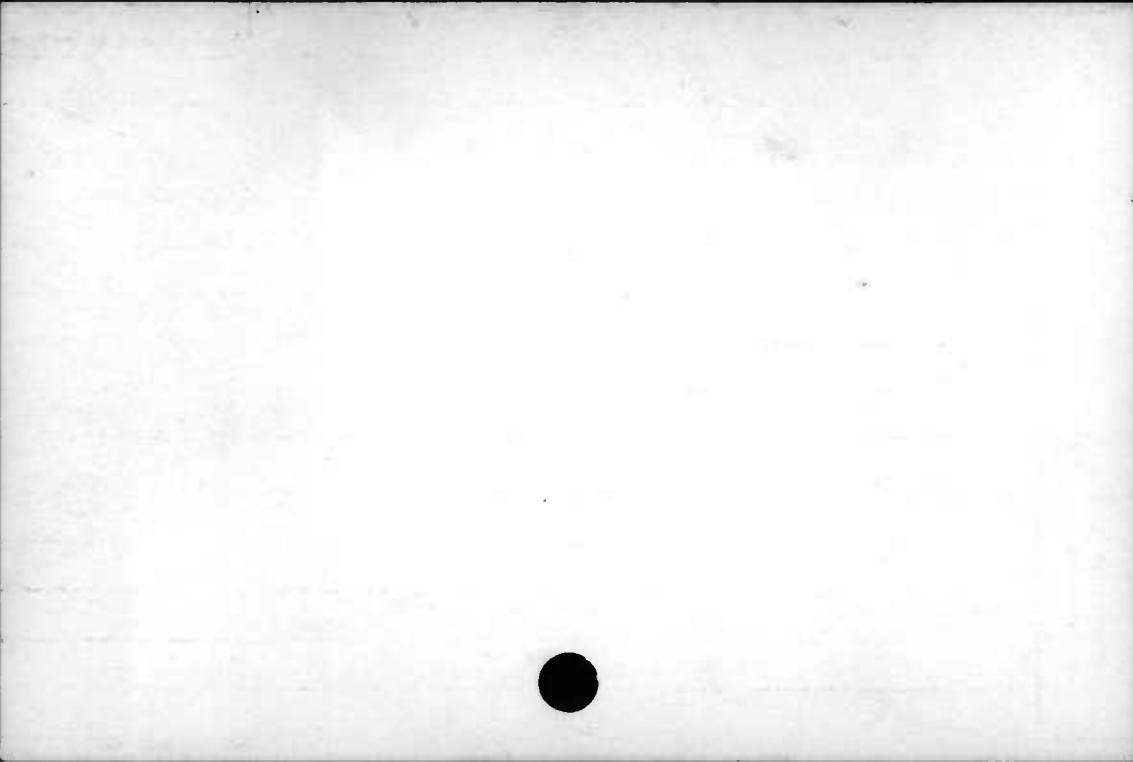
—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Williams M.D.
Crown
Md

Accident or Suicide?



Name
in
Full

Sarah A Seibert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld</i>		County <i>Allegh</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>15</i>	Age <i>77</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wd</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm Seibert</i>				
Father's Name <i>-</i>			Father's Birthplace		
Mother's Maiden Name <i>-</i>			Mother's Birthplace		
Name of person giving information <i>Wm Seibert</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. W. Wiley</i>
	Address <i>Cumberland Wd</i>
Accident or Suicide? <i>✓</i>	

19.05
18.28

11.77

905

Name
in
Full

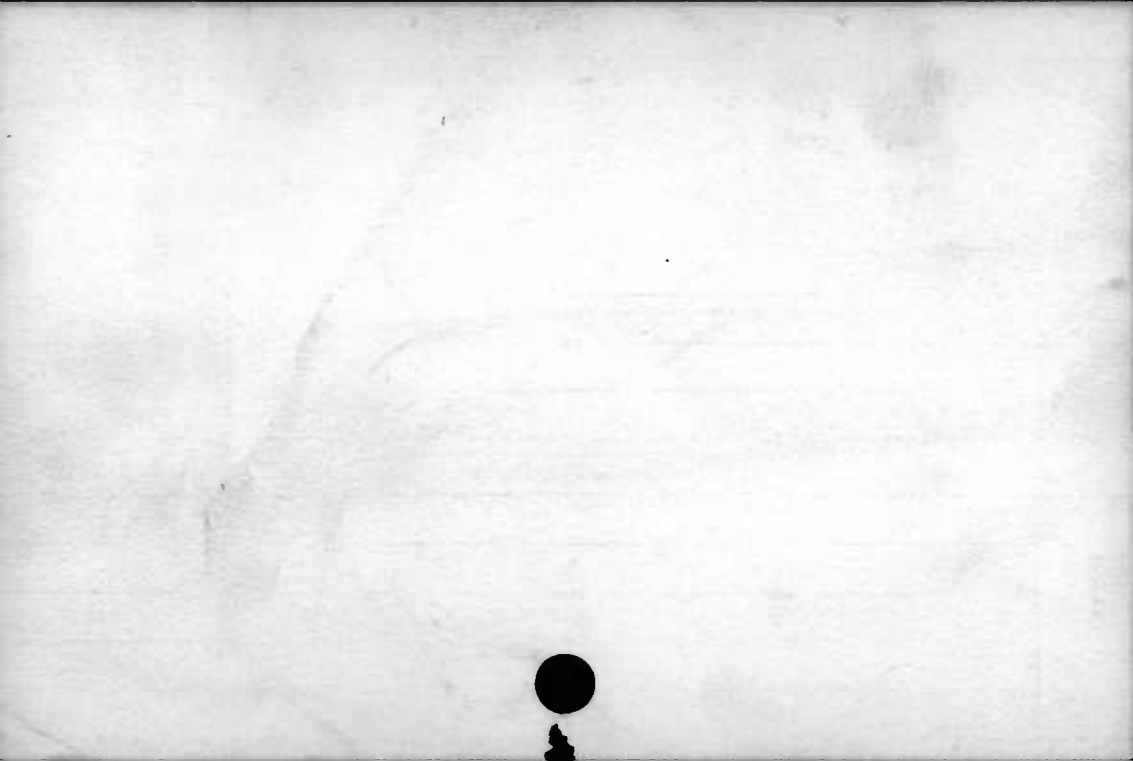
CERTIFICATE OF DEATH

Died at <i>Cumberland</i> ^{Town}		<i>Shipp</i> ^{County}		MARYLAND	
Date of death	1905	Month	2	Day	8
Age		Years		Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Cumberland</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Wm Shipp</i>		Father's Birthplace	
Mother's Maiden Name		<i>Anna J. Crutchley</i>		Mother's Birthplace	
Name of person giving In formation		<i>Westley G. Crutchley</i>		How related to deceased	
				<i>Grandfather</i>	

CAUSES OF DEATH

Primary	<i>Incurable</i>	How long	
Immediate	<i>Incurable</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>W. M. Foard M.D.</i>
		Address	<i>108 Virginia Ave.</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Albert Louis Shook

CERTIFICATE OF DEATH

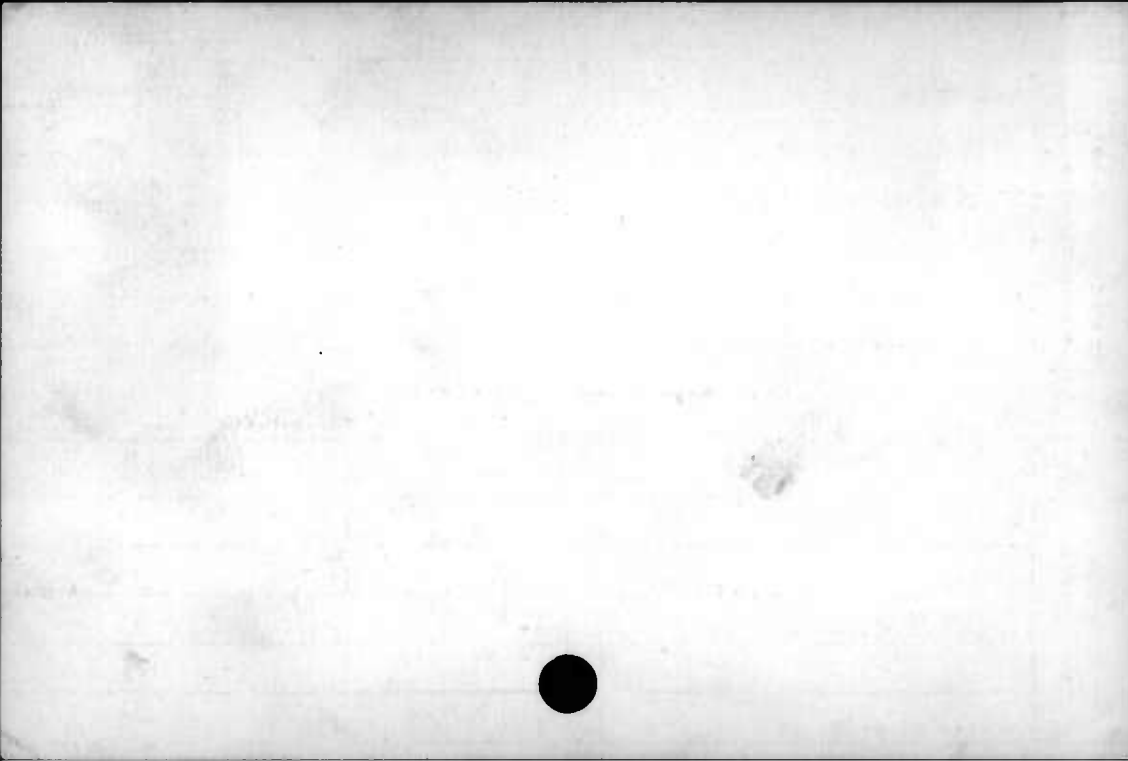
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bier</u> Town			County <u>Allegheny</u>			MARYLAND		
Date of death 190 <u>5</u>		Month <u>Feb</u>	Day <u>9</u>	Age <u>five</u>	Years <u>19</u>	Months <u>9</u>	Days <u>9</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cresaptown</u>		Occupation		
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name <u>John, Alden Shook</u>				Father's Birthplace <u>Cresaptown Md</u>				
Mother's Maiden Name <u>Larrah E. Lease</u>				Mother's Birthplace <u>W-va</u>				
Name of person giving information <u>Stanly. Leusap</u>				How related to deceased <u>None</u>				

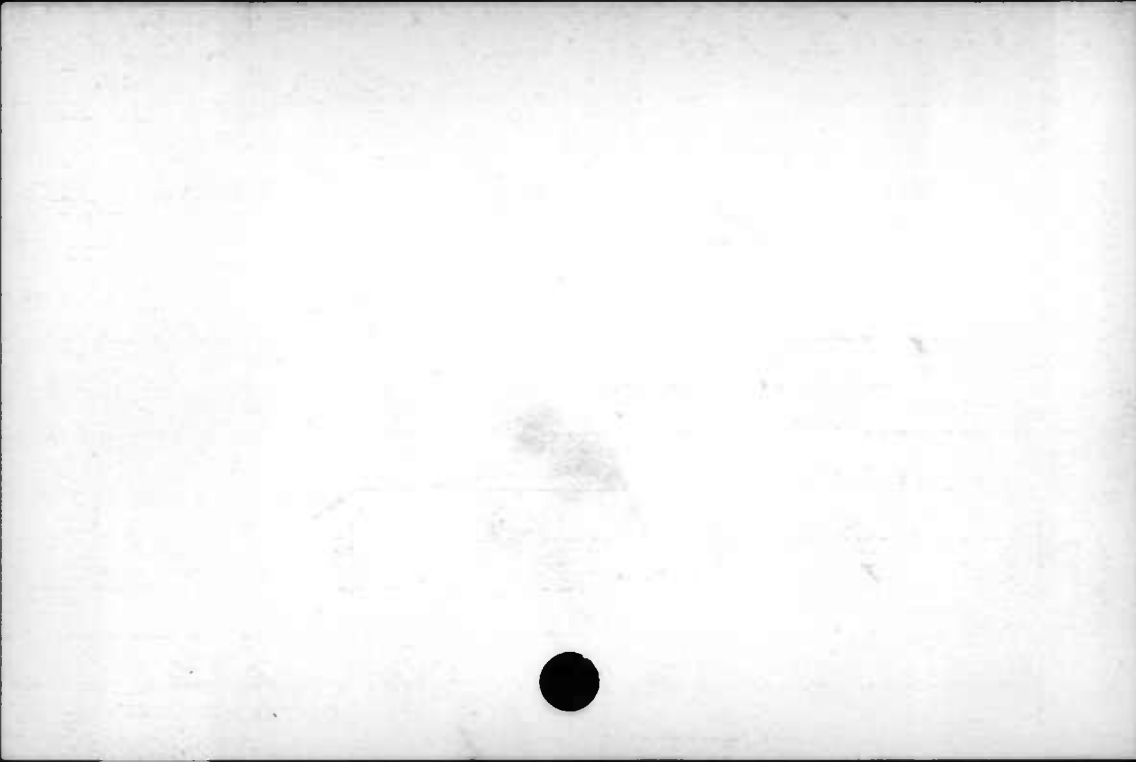
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	<u>9</u>	How long <u>Eight days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Santz MD</u>	
	Address <u>Alaska W-va</u>	
	<u>Edw. A. Cruep, Sub Registrar</u>	
Accident or Suicide?		



Name in Full		Emma Snyder				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Emma		accug										
	Date of death	1905	Month	Feb	Day	19	Age	Years	48	Months	10	Days	
	Sex	Female		Color or Race	White		Birthplace	Washington, D.C.					
	Occupation	Wife				Where Residing if not at place of death			—				
	Married, Single or Widowed	Widow		Name of Wife or Husband		—							
	Father's Name	—						Father's Birthplace					
Mother's Maiden Name	—						Mother's Birthplace						
Name of person giving information	Norman Snyder						How related to deceased	Son.					
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Pneumonia					How long	2 days					
	Immediate	Exhaustion					How long						
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	Thos. Koon						
						Address	Humboldt Md.						
	Accident or Suicide?												



Name
in
Full

Aloysius Ronald Stakern

CERTIFICATE OF DEATH

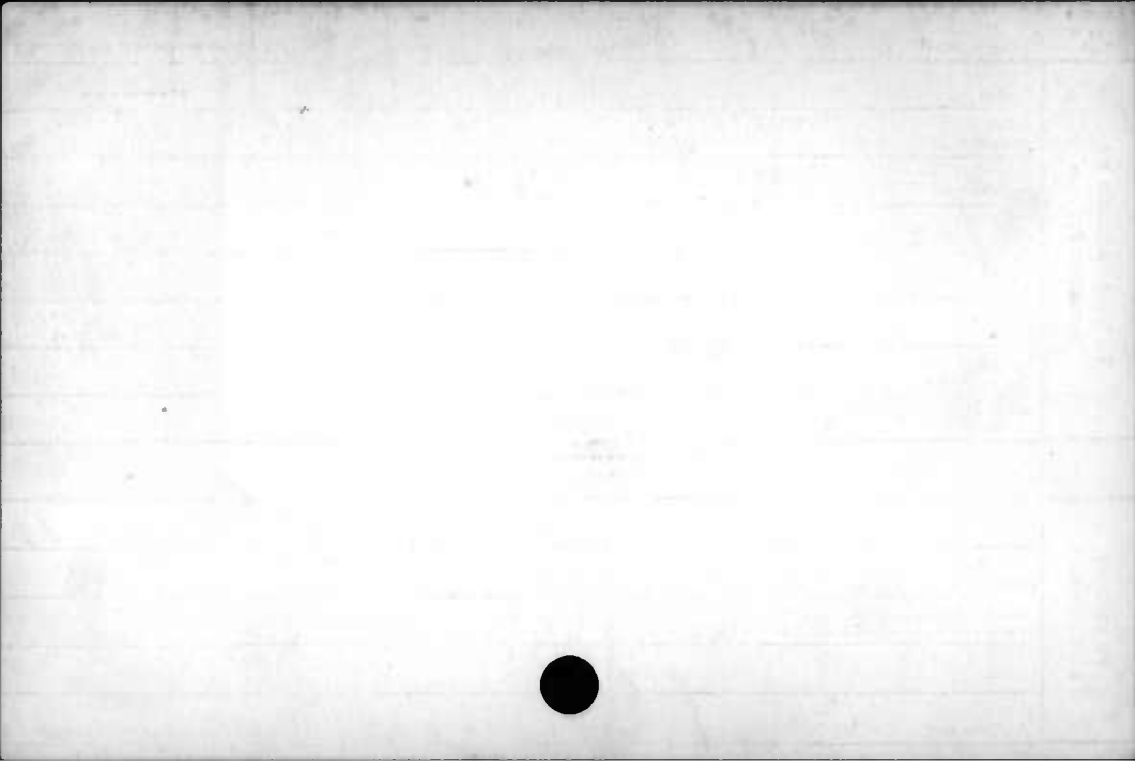
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Anaconda</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death	1905	Month	<u>Feb</u>	Day	27
Age	1	Years		Months	7
				Days	9
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Midland</u>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<u>James P Stakern</u>		
Father's Birthplace			<u>Ireland</u>		
Mother's Maiden Name			<u>Ellen Carey</u>		
Mother's Birthplace			<u>Anaconda</u>		
Name of person giving Information			<u>Mrs. James Carey</u>		
How related to deceased			<u>Sunt.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>92</u>
Immediate	<u>Broncho Pneumonia</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm. H. Hargrave</u>
		Address	<u>Anaconda</u>
			<u>Mont.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

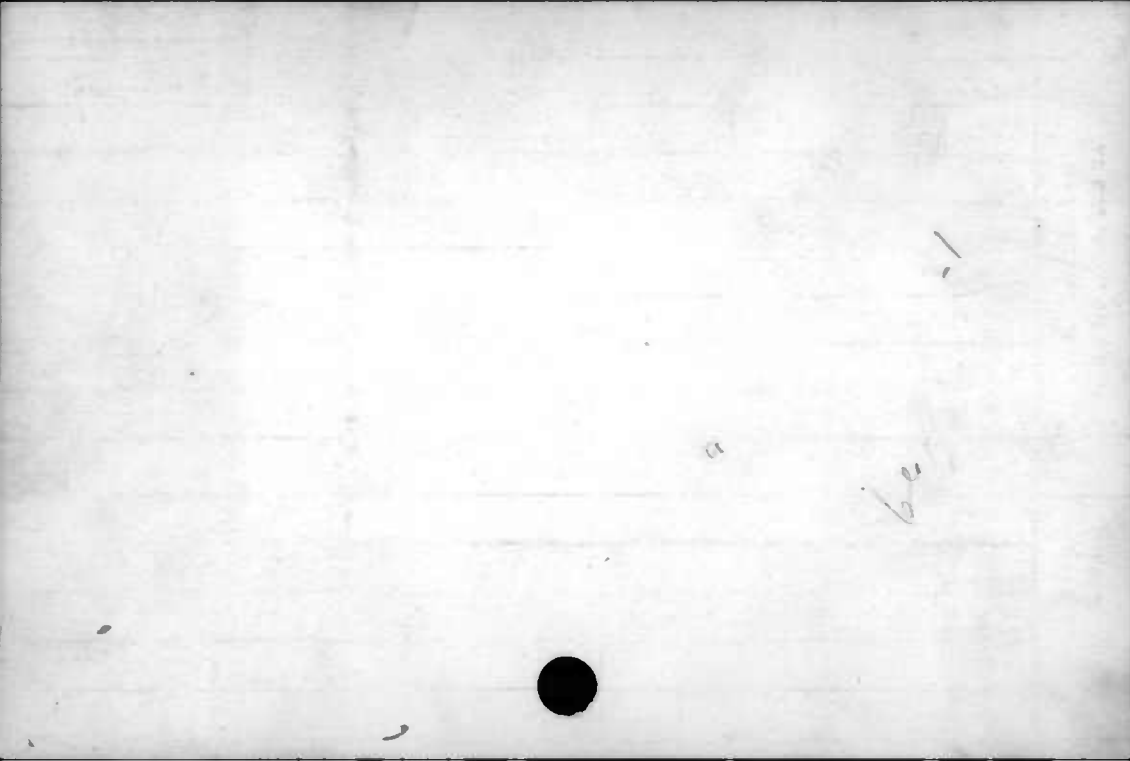
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		2	3	59	1	29	
Sex	Female		Color or Race	White		Birth-place	Winchester Va
Occupation	Housewife		Where Residing if not at place of death		Home		
Married, Single or Widowed	Single		Name of Wife or Husband		J. A. L. Stump		
Father's Name	Geo Newcomb				Father's Birthplace	Va.	
Mother's Maiden Name	Sarah B. Newcomb				Mother's Birthplace	Va.	
Name of person giving information	J. A. L. Stump				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	5 days.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Harrison	
Address		Friedmont N. Va.	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helma May Taylor
 Died at *Union* Town *Alle* County

MARYLAND

Date of death *1905 Feb*
 Month *Feb*

Day

14

Age

Years

3

Months

Days

Sex *Female*Color or
Race*Colored*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Moses Taylor*Father's
Birthplace*Ind*Mother's
Maiden Name*Bessie Holley*Mother's
Birthplace*Ind*Name of person giving
in formation*Moses Taylor*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

1 wk.

Immediate

Asphyxia

How long

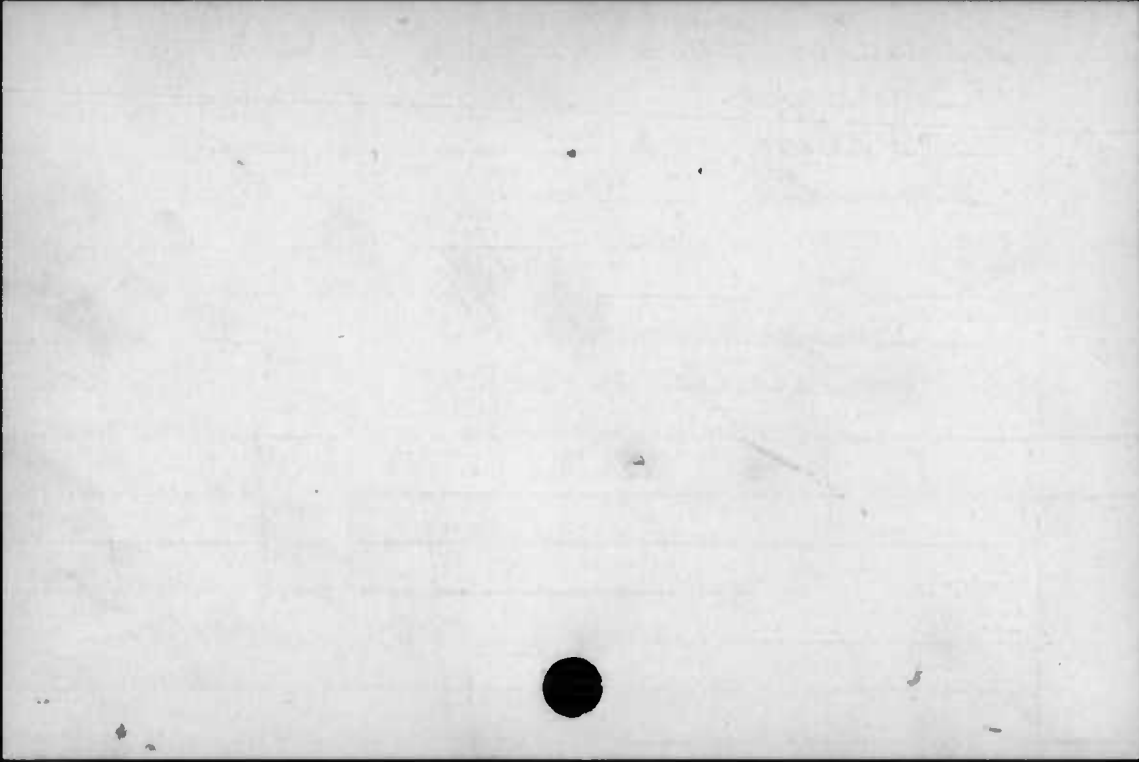
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Dr W. R. Hodges
Hodges Cumberland
Ind

Accident or Suicide?

PHYSICIAN
OR CORONER*(1)*



Name
in
Full

CERTIFICATE OF DEATH

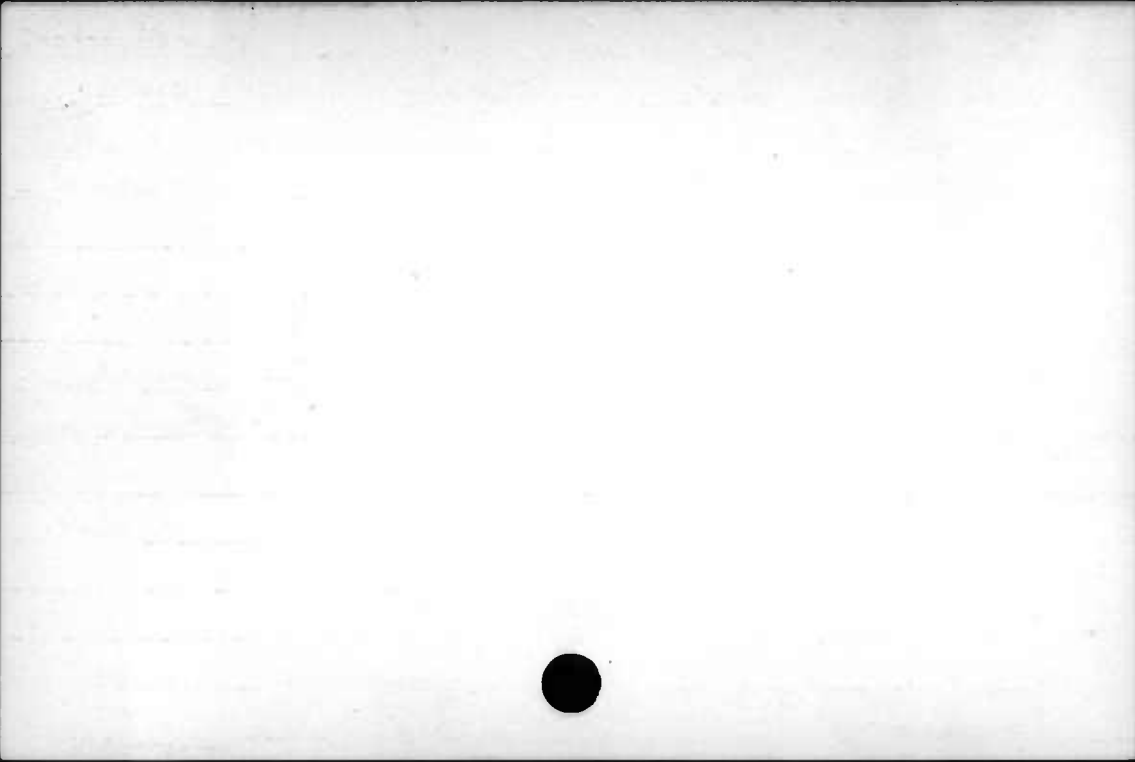
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

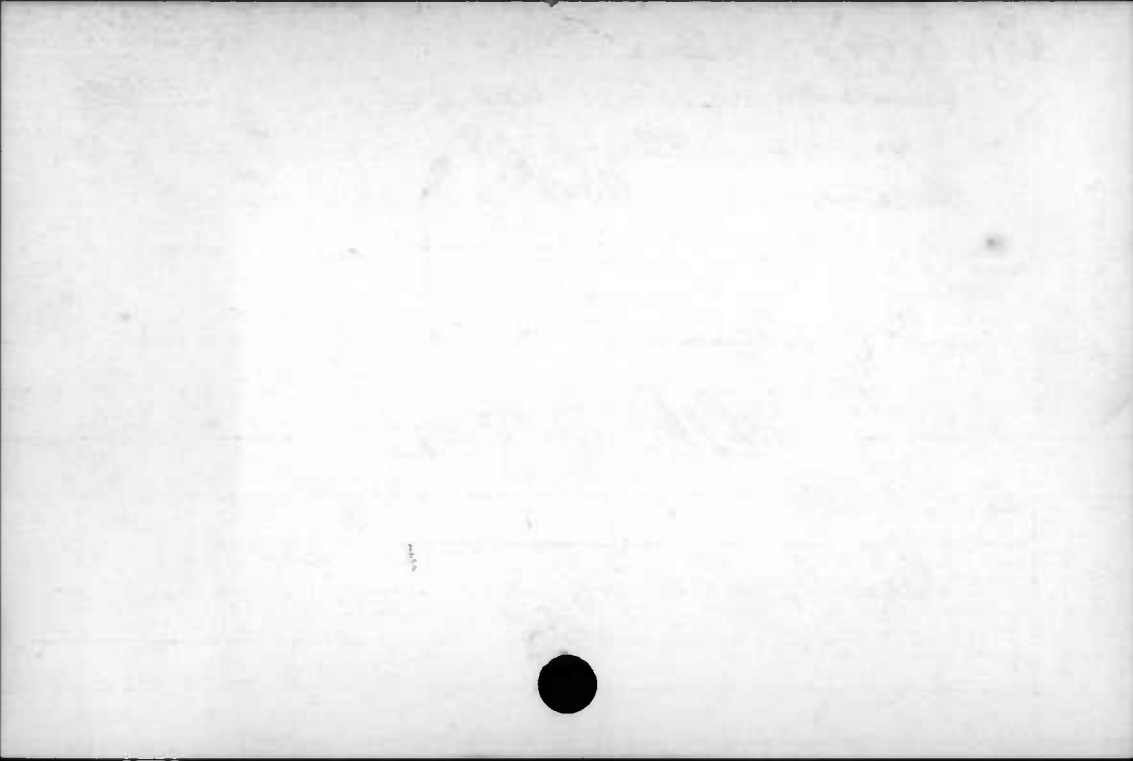
Died at *Sondacoming* Town *Allegany* CountyDate of death 1905 *7* Month *26* Day *8* Age *1* Years *11* Months *7* DaysSex *Male* Color or Race *white* Birth-place *Sondacoming*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *George Lerner* Father's Birthplace *England*Mother's Maiden Name *Wahela Crow* Mother's Birthplace *Wale (Germany)*Name of person giving information *George Lerner* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Bronchitis* *92* How long *5 weeks*Immediate *Pneumonia* How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *James A. Bullock*Address *Sondacoming Maryland*Accident or Suicide? *No*



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brunsd</i>				<i>Arg.</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>Feb</i>	Day <i>9</i>	Age <i>2</i>	Years <i>6</i>	Months	Days		
		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Brunsd</i>					
		Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
		Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>					
		Father's Name <i>William Walsh</i>				Father's Birthplace <i>N. H.</i>					
		Mother's Maiden Name <i>Cary Zink</i>				Mother's Birthplace <i>md</i>					
		Name of person giving information <i>William Walsh</i>				How related to deceased <i>Father</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long					
		Immediate <i>Pneumonia</i>				<i>93</i> ✓		How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address <i>Edmund Harris</i>					
		<i>Accident or Suicide?</i> <i>Serman Luth</i>				<i>448 Columbia St</i>					



Name
in
Full

CERTIFICATE OF

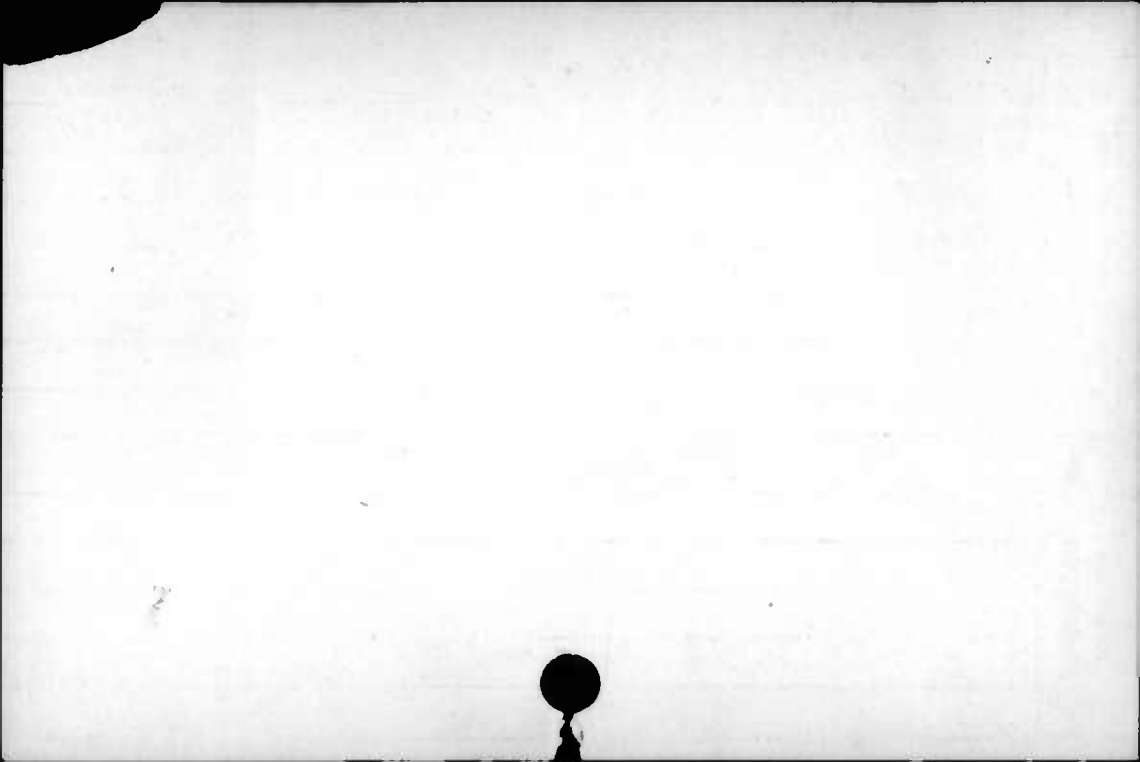
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mariama Magdalena Wellman</i>		Town <i>Summerville</i>		County <i>Allegany</i>		STATE MARYLAND									
Died at <i>Summerville</i>		Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>16</i>		Age <i>32</i>		Years <i>3</i>		Months <i>8</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>W Va</i>											
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Geo Wellman</i>													
Father's Name <i>August Horchler</i>		Father's Birthplace <i>W Va</i>													
Mother's Maiden Name <i>Agnes</i>		Mother's Birthplace <i>W.</i>													
Name of person giving In formation <i>Geo Wellman</i>		How related to deceased <i>Husband</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>3 days</i>	
Immediate <i>Exhaustion</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Broadus M.D.</i>	
		Address <i>48 Va Ave Cumberland Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

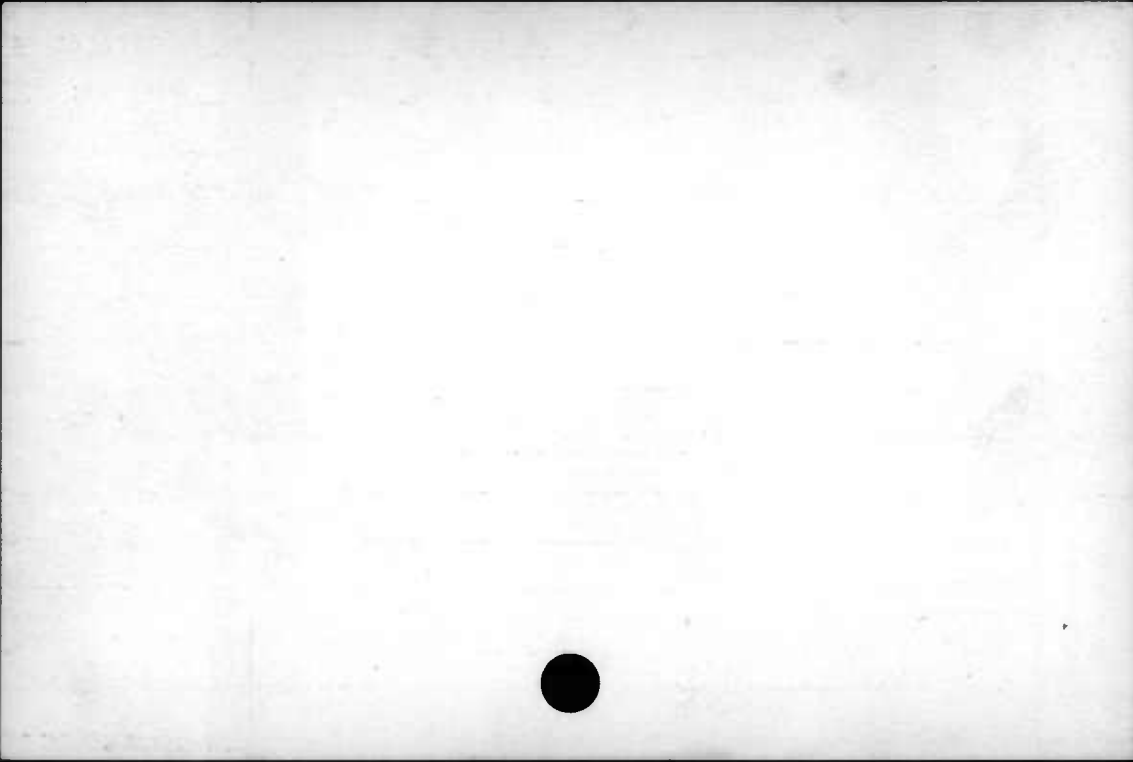
MARYLAND

Died at <u>Cumberland</u> <small>Town</small>		<u>Wileganny</u> <small>County</small>			
Date of death <u>1905</u>	<u>Feb</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>76</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Nothing</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Widow</u>			Name of Wife or Husband		
Father's Name			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Mrs S. D. Wags</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Organic Heart Disease</u>	How long <u>many years</u>
Immediate <u>Heart failure</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Cumberland Md</u>
<u>Accident or Suicide?</u>	



Name in Full		Martha Williams				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Frostburg		Allegheny			
Date of death		Month	Day	Age	Years	Months	Days
1905		2	21	78			
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		England	
Married, Single or Widowed		Widow		Where Residing if not at place of death			
Father's Name		John Hitchins		Name of Wife or Husband		William Williams	
Mother's Maiden Name		Anna Eaton		Father's Birthplace		England	
Name of person giving information		Eli Williams		Mother's Birthplace		England	
				How related to deceased		Son	

		CAUSES OF DEATH	
Primary		riper	
Immediate		Cardiac Failure	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. G. Osby	
Address		Frostburg, Md.	
Accident or Suicide?		No	

Frostburg Furniture & Undertaking Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

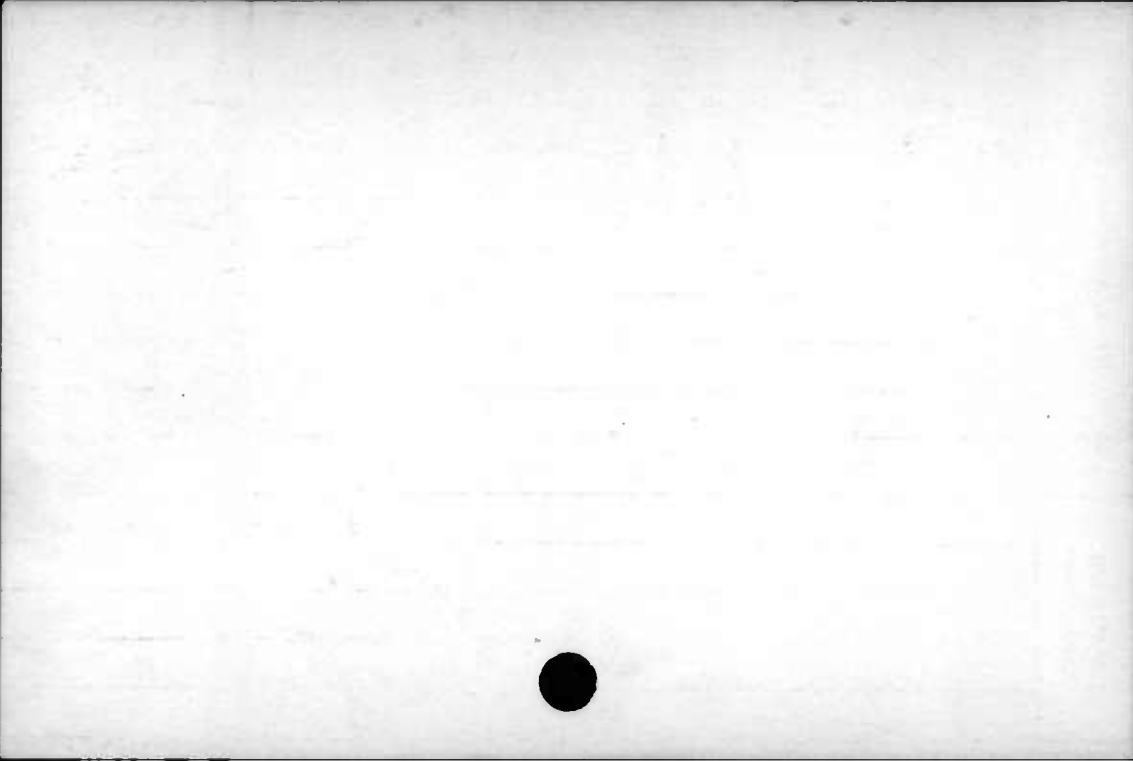
MARYLAND

Died at <i>Westernport</i>		County <i>Allegany</i>	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>7</i>	Age <i>about 40</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Virginia</i>	
Occupation <i>Coal Miner</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Robert Oliver Col.</i>	How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accidental injury in mines</i>	How long <i>8 hours</i>
Immediate <i>injury</i>	How long <i>166</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Parsons</i>
	Address
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hesperport Hill</i>		Town <i>Maryland</i>		County		
Date of death <i>1905</i>		Month <i>Feb</i>	Day <i>27</i>	Years <i>81</i>	Months <i>11</i>	Days <i>19</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Rockingham county</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Hesperport Hill</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry Holford</i>				
Father's Name <i>Adam Goudyskell</i>		Father's Birthplace <i>Hagerstown</i>				
Mother's Maiden Name <i>Mary Ann Goudyskell</i>		Mother's Birthplace <i>Hagerstown</i>				
Name of person giving information <i>Son</i>		How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Debility</i>	How long <i>154</i>	<i>8 weeks</i>
Immediate <i>Heart failure</i>	How long <i>9</i>	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. L. H. Brown</i>
		Address <i>Frederick MD</i>
Accident or Suicide?		

16